

## Application for Leadership Camp

Full Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov. \_\_\_\_\_ PC: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr.'s Telephone #: \_\_\_\_\_

Health Card No \_\_\_\_\_

T-shirt size: Youth S \_\_\_ M \_\_\_ L \_\_\_ Adult S \_\_\_ M \_\_\_ L \_\_\_

Is there any allergies, medical or behavioral issues or food restrictions we should be aware of? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Do you have a current First Aid Certificate: Yes \_\_\_ (please attach a copy) No \_\_\_

Are you interested in achieving you Rider Level 1 Certificate Yes \_\_\_ No \_\_\_

Are you an OEF (Ontario Equestrian Federation) Member Yes \_\_\_ No \_\_\_

Which weeks would you be available to volunteer \_\_\_\_\_

**Signature of Parent/ Guardian:**

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Full name of Parent/Guardian \_\_\_\_\_

Phone number(s) where Parent(s) can be reached during the camp week \_\_\_\_\_

Please attach a cheque for \$200.00 and a post-dated one for \$325. Postdate Cheque for May 15 2010

Applications are due by Mar. 31 2010

Make cheques payable to **Teri Lindsay** and mail to:

Teri Lindsay

1158 Birch Rd

Gilford, Ontario

L0L 1R0

705-456-5075 or 1-866-237-8386 [info@southalgonquincamp.com](mailto:info@southalgonquincamp.com)