

Application for Leadership Camp

Full Name: _____

Street Address: _____

City: _____ Prov. _____ PC: _____

Home Phone: (____) _____

E-Mail address: _____

Note this email address will be used for ALL correspondence

Alternate E-Mail address: _____

Birth date: _____ 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 your OEF Rider Levels Yes ___ No ___

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

Which weeks would you be available to volunteer: ___ 1D(July9-13) ___ 2week(July15-28)
___ 2D(July30-Aug3) ___ 1R(Aug5-11) ___ 3D(Aug 13-17) ___ 2R(Aug 19-25) ___ 4D(Aug 27-31)

Signature of Parent/ Guardian: _____

Full name of Parent/Guardian _____

Phone # where Parent can be reached during the day during camp week:

Please attach a cheque for \$200.00 and a postdated one for \$393.25. Postdate cheque for May 15, 2012
Applications are due by Mar. 31, 2012

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

Teri Lindsay
1158 Birch Rd
Gilford, Ontario
L0L 1R0