

# Application for Summer Camp

Full Name: \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

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

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

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

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

\*please note that ALL correspondence will be sent to this email address\*

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

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

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

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

**Camper Experience** (Please check off the most accurate description of your child's riding experience and ability).

\_\_\_\_ Extreme Beginner - Has been on a horse less than 5 times.

\_\_\_\_ Beginner - Walk, stop and steer, some trotting.

\_\_\_\_ Novice - Walk, sitting and posting trot, some canter

\_\_\_\_ Intermediate – Walk, trot, canter with balance and control; some jumping

\_\_\_\_ Advanced - Walk, trot, canter and jump with confidence and accuracy

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

If yes, please describe:

Select Session: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

**Signature of Parent/ Guardian:**

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

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

**Day Camp** attach a cheque for \$100.00 and a postdated one for \$267.25 for each week of day camp.

**Residential Camp** attach a cheque for \$150.00 and a postdated one for \$443.25 for one week of resident camp.

**2 Week Resident Camp** attach a cheque for \$300.00 and a posted one for \$830.00

Postdate final cheque for **June 15, 2012** If paying **in full** (cheques dated) before Mar 1st 2012 you may subtract \$25 from the cheque. 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)