

Grand Farms Summer Camp 2019

Registration

Please complete a separate form for each child.

Camper Name

First Name Last Name

Camper Date of Birth

Parent/Guardian Name

First Name Last Name

Address

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code

Contact email

example@example.com

Contact Phone Number

Area Code Phone Number

Please describe your camper's previous experience with horses, and current riding ability.

Any allergies, medical conditions, restrictions, or other information we need to know?