

MAPLE MEADOWS 2012 SPRING BREAK CAMP REGISTRATION FORM

RIDERS NAME:

RIDERS AGE:

RIDING LEVEL: (Please circle)    Beginner    Novice    Intermediate    Advanced

PARENT/GUARDIAN'S NAME:

ADDRESS:

HOME PHONE:

CELL NUMBER:

EMAIL ADDRESS:

ANY KNOWN ALLERGIES OR MEDICAL HISTORY TO BE AWARE OF?            Yes    No

IF YES PLEASE EXPLAIN:

EMERGENCY CONTACT NAME:

RELATIONSHIP TO STUDENT:

PHONE NUMBER: