

# Summer Horse Camps REGISTRATION FORM



Campers Name \_\_\_\_\_

GIRL or BOY

Camp Attending: \_\_\_\_\_

Camp Dates: \_\_\_\_\_

ParentsGuardians Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Cell Phone: \_\_\_\_\_

Campers Cell Phone: \_\_\_\_\_

T-Shirt Size:

CHILD -	SMALL	MEDIUM	LARGE
ADULT -	SMALL	MEDIUM	LARGE

Is the camper renting a horse from the ranch? YES or NO

Email Address (print clearly): \_\_\_\_\_

**Any camper taking prescription medication must be responsible enough to take medications independently. We do not have a nurse or medical provider on staff, so we are not responsible for distributing camper medication. If you have concerns, please contact Kristy prior to enrolling.**

**\$100 NON-REFUNDABLE DEPOSIT MUST BE SENT IN WITH THIS REGISTRATION FORM**

MAIL REGISTRATION & DEPOSIT TO:

KRISTY WALKER  
2880 County Rd E  
Oakley, KS 67748  
785-672-0950