

Bear Creek Stables, Inc

Horse Day Camp Information / Registration Form

Participant / Camper Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Age: _____

Allergies: _____

Physical Limitations: _____

Other Comments: _____

Parent/Guardian Name: _____

Daytime Phone: _____ / _____ / _____ (ext) _____

Cell Phone: _____ / _____ / _____ (ext) _____

Other Contact Name: _____

Daytime Phone: _____ / _____ / _____ (ext) _____

Cell Phone: _____ / _____ / _____ (ext) _____

Week Requested: _____

Deposit Amount: _____ (Check or Credit Card)