Horse Camp Registration Form 2018

April 27-29 - September 7-9 (Please circle which week you will be attending)

Name:	_T-Shirt Size
Address:	
Phone Number:	
Church Registering With:	
Home Church	
Amount Church Pays	For Office Use Only
Please Turn Card over to Fill out Bac	Pd Date
(Please circle which week you will be Name:	-•
A 1 1	_1-Snirt Size
Phone Number:	Grade:
Church Registering With:	
Home Church	
Amount Church Pays	For Office Use Only
Please Turn Card over to Fill out Bac	Pd Date

This Page must b	pe filled out by a Parent or Guardian
Name of Parent(s):	· ·
Phone :	Alt. Phone:
Cell:	Cell:
Insurance Carrier:_	
program. I will not hold Camp (any illness or accident in whice The camp has my permission to	attend camp and is physically able to participate in the recreationa Calvary or any persons in leadership of the camp, responsible for the may happen to the camper named on the other side of this registration form. In give medication or hospitalize if sickness or emergency arises, has the right to send my child home is he/she refuses to obey the camp rules.
Signature of Parent (Guardian):
This Page must b	pe filled out by a Parent or Guardian
Name of Parent(s):	<u> </u>
Phone :	Alt. Phone:
Cell:	Cell:
Insurance Carrier:_	
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