

LONE ROCK RANCH 2009 SUMMER DAY CAMP

Mail to PO Box 108 Vermillion MN 55085

Camper's Full Name _____

Nickname _____

Age at time of camp _____

Parent/Guardian's Name _____

Address _____

Email Address _____

Home Phone _____ Cell Phone _____

Emergency Contact Name _____

Emergency Contact Phone _____

Allergies and/or Medications _____

Level of Horse Experience (least) 1 2 3 4 5 6 7 8 9 10 (most)

CIRCLE DATE YOU WOULD LIKE

June 15th ~ 19th

June 22nd ~ 26th

July 6th ~ 10th

July 13th ~ 17th

July 20th ~ 24th

July 27th ~ 31st

August 3rd ~ 7th

August 10th ~ 14th

Signature of Parent or Guardian

For office use only:

Deposit (non-refundable) \$ _____ - Check # _____ Date _____ Date Paid In Full

