



# Moss Landing 2021 Summer Camp Registration Form

Camp Session/Week Attending: \_\_\_\_\_

Name of Camper: \_\_\_\_\_ Age \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you hear about Moss Landing Horse Camp? \_\_\_\_\_

Camper's riding experience, if any: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Insurance: \_\_\_\_\_

Please list the names/cell numbers of people who have your permission to pick up your child from camp: \_\_\_\_\_

Anything else we should know? \_\_\_\_\_