



Moss Landing Summer Camp Registration Form 2019

Date: _____

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: _____

