



## MOSS LANDING SUMMER CAMP REGISTRATION FORM - 2018

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: \_\_\_\_\_

\_\_\_\_\_