

# Summer Camp 2018



DATE OF CAMP \_\_\_\_\_

- Residential
- Non-residential

Additional flexi-time required:

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Telephone home: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail: \_\_\_\_\_

Emergency contact 1: \_\_\_\_\_

Emergency contact 2: \_\_\_\_\_

Please state your riding ability and any information that may help Juliet pair you with a pony e.g. your height and weight, size/type of pony you normally ride.

If you know the riding school ponies, which pony would you like for camp? Please list 3 choices in order of preference (favourite first).

1

2

3

Do you have any medical condition that Juliet needs to be aware of e.g. (asthma, hay fever, allergic reactions)? If you need to bring any medication to camp, please give details below including the dosage.

Do you have any food allergies or dislikes? Are you vegetarian?

I give permission for my son / daughter to attend this camp.

Signed: \_\_\_\_\_

(Please enclose the correct deposit when returning your form.

**Cheques must be payable to SEVERNVALE RIDING LLP.** Your place at camp is not booked until the deposit is paid.)