

# Idlewild Camp Registration Form

Camp Date: \_\_\_\_\_

Camper Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Riding Level/Experience: (Must be able to ride at beginner level or above)

\_\_\_\_\_

\_\_\_\_\_

Any pertinent Health/Allergies, Medicine or Food information:

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please send in completed form and a 50% deposit 1 month prior to camp. Full payment due week before camp. Note: A \$25 discount is available if full payment is received 1 month prior to camp.