

# Kennedy Meadows

## **2020 SUMMER CAMP REGISTRATION FORM**

Please complete this registration form and the attached Release waiver.

Please email OR mail this form back to us **before March 1st** to:

**Kennedy Meadows Horse Camp  
PO BOX 4010  
Sonora, Ca 95370**

We have a lot of fun activities planned for this summer and look forward to meeting all of the campers. If you have any questions please contact us [kmhorsecamp@gmail.com](mailto:kmhorsecamp@gmail.com).

### **Personal Information**

Riders name: \_\_\_\_\_

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

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

DOB: (MM/DD/YY) \_\_\_\_\_

Riding experience: (please check one) Beginner \_\_\_\_\_ (less than 10 hours) Advanced: \_\_\_\_\_

Medical concerns/medications:

\_\_\_\_\_

### **Parent/ Guardian Information**

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

Contact # prior to camp: (     ) \_\_\_\_\_ - \_\_\_\_\_ Contact #during camp: (     ) \_\_\_\_\_ - \_\_\_\_\_

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

### **Emergency Contact (other than above)**

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

Relationship to Rider: \_\_\_\_\_

Contact #: (     ) \_\_\_\_\_ - \_\_\_\_\_

### **Physician Information:**

Name: \_\_\_\_\_ Contact #: (     ) \_\_\_\_\_ - \_\_\_\_\_

**PAYMENT INCLUDED: (deposit due by May 15th or your spot will be opened up)**

\_\_\_\_\_ check

\_\_\_\_\_ will call with credit card (209-965-3900)

check # \_\_\_\_\_

amount paid (\$200 deposit minimum required) \_\_\_\_\_

Payment information :

The listed price includes everything that the campers will need during their stay. This includes all food, room, horse rentals, equipment rentals, etc. We do have a general store the campers are allowed limited access to if you wish to send them with extra spending cash for other snacks or souvenirs.

**CAMP DATES: June 17-22, 2020**

**TOTAL CAMP PRICE = \$900**

**DEPOSIT DUE MARCH 1, 2020**

**(\$200.00/camper)**

**If you do not send in a check or call with a credit card to leave a deposit by this date, your spot will be forfeited to the next person on the waitlist.**

**\*\*To pay by credit card please call Joan at 209-965-3900**

**PLEASE FILL OUT THE BOTTOM OF THIS FORM AND ATTACH IT TO YOUR REGISTRATION FORM.**



**PAYMENT RECEIPT**

Camper name: \_\_\_\_\_

Payment method:      \_\_\_ Check                      \_\_\_ Credit card

payment amount: \_\_\_\_\_                      check number: \_\_\_\_\_