Raintree Equestrian Center Summer Horse Camp 2024 Registration Form

Child's Name	
Age: Gender:	
Parent's Name	
Parent's Employer	
Work Phone	
Cell Phone	
Email	
Home Address	
List 2 emergency contacts & phone numbers.	
1	
2	
Others who may pick up your child	
Please notify us in writing if your child will be picked up by someone else or pic early.	ked up
Child's riding level Beginner Intermediate T-Shirt Size S M L XL XXL Adult Youth	
I give my permission for my child to participate in all activities at Raintree Eque Center.	strian
In case of emergency, I give my permission for my child to receive medical trea	atment.
Parent/Guardian Signature	
How did you hear about us?	

What week(s) will your child be attending? Circle week(s) below. **Camp Sessions** June 3-7 June 10-14 June 17-21 June 24-28 July 1-5

Please return this form with \$100 deposit to reserve your child's place. We look forward to having your child join us for summer fun! Contact # 901-857-4074