

# SUMMER CAMP 2011

Date of Camp

NAME

AGE

TELEPHONE

HOME

EMERGENCY NO. 1

EMERGENCY NO. 2

If I do not regularly teach you, please state your riding ability (can you; trot, canter, jump?) and any information that may help me pair you with a pony eg. 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 I need to be aware of e.g. (hay fever, allergic reactions)? If you need to bring any medication to camp please state below including 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 appropriate deposit when returning your form. Cheques should be made out to Severnvalle Ltd.

Your place at camp is not booked until the deposit is paid.