



## Summer Camp Registration

### Camper Information

Name:					
Address:					
City/State/Zip:					
Telephone:		Cell		Other	
Age:		Session (circle 1)	June 20—24	July 11—15	Aug 8—12

### Parent/Guardian Information – (Please provide 2 contacts for your camper)

Notify/Relationship: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

Notify/Relationship: \_\_\_\_\_

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

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

Telephone: \_\_\_\_\_ Work \_\_\_\_\_ Other \_\_\_\_\_

### Medical

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Insurance/HMO: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies \_\_\_\_\_

### Medical/Mental Health Concerns:

\_\_\_\_\_

\_\_\_\_\_

Payment in full is due at time of registration. Please make checks payable to “Serenity Horse Rescue”. Cost is \$300 per week. \$50 discount for registrations and payment received by 30 April, 2011. Send to: Serenity Horse Rescue – Summer Camps • 5224 Dearth Rd. • Springboro, OH 45066

Signature: \_\_\_\_\_ Date: \_\_\_\_\_