

FLYING CHANGE FARM CAMP APPLICATION

Camper's name: _____

Address: _____

Age: _____

Birthday: _____

Parent contact _____

Phone # _____

Parent contact _____

Phone # _____

Any allergies? _____

Describe riding level experience: _____

Goals you and your child have from a camp experience: _____

Any additional information about your child that would be useful to our staff; personality, fears, other hobbies, etc.

Emergency contact # during camp: _____

Thank you, Diane Schoonmaker

Deposit \$ _____ balance due \$ _____
