



# APPY ORSE ACRES

1360 Willow Road, Route 2, Fredonia, WI 53021

## 2023 Summer Horsemanship Camp Application for Campers

Please print or type:

Camp Session: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

Camper's Name \_\_\_\_\_ Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_ Home phone (\_\_\_\_) \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ School Grade completed \_\_\_\_\_  Male  Female

Parent's Occupation \_\_\_\_\_

In case of an emergency, contact: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Insurance Company for Camper \_\_\_\_\_ Policy # \_\_\_\_\_

Riding Experience and Education  Beginner  Intermediate  Advanced

### Health & Safety

Allergies (to medication, foods, airborne, and to oils) \_\_\_\_\_

I hereby certify that my child is free of skin diseases and free of communicable diseases. I understand that this statement is declared for the health and safety of all campers.

I, the undersigned parent or guardian of \_\_\_\_\_ do hereby consent to the attendance and full participation of my child at all the activities of Appy Orse Acres Summer Horsemanship Camp and so hereby release and fully discharge Appy Orse Acres, it's owners and employees, A. Bernadette Ruckdashel and all other parties from any and all liabilities for injuries and damages to persons and property by campers and staff while in attendance at Appy Orse Acres Summer Horsemanship Camp. I hereby give permission for x-rays, suturing of lacerations and other treatment deemed necessary by the attending physician in charge.

Signed by Parent/or/Guardian: \_\_\_\_\_ Date of Signature: \_\_\_\_\_

**Mail this form and your full payment of  
\$650 for one Residential Camp or \$450 for one session of Day Camp.**

**A non-refundable deposit of \$250 will reserve a spot for your child.**

Form of Payment:	Amount:	Credit Card Number:
Check payable to Appy Orse Acres <input type="checkbox"/>	\$ _____	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cash <input type="checkbox"/>	Exp Date MM/YY: _____ / _____	3 digit security #: <input type="text"/> <input type="text"/> <input type="text"/> Name as it appears on card: _____
* Credit Card <input type="checkbox"/>		

\* If the credit card billing address is different from above, please write full billing address on the back of this form

**Note: Full payment is due 1 MONTH before the camp session begins. Thank you!**

If you have any further questions, please call Bernadette at (262) 692-9144

### Co-Ed Residential Camp Dates

One week sessions Sunday evening - Friday evening

**June 18-23  
July 23-28  
August 6-11**

### Co-Ed Day Camp Date

One week session Monday-Friday 9am-3:30pm

**July 10-14**