



APPY ORSE ACRES

1360 Willow Road, Route 2, Fredonia, WI 53021

2019 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 \$595 for one session of Residential Camp or \$395 for one session of Day Camp. Day Campers accepted at all residential camps

A non-refundable deposit of \$195 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
(Day Campers Accepted)

June 16-21
June 30-July 5
August 11-16

Co-Ed Day Camp Date

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

July 15-19