



## RMER SUMMER HORSE CAMP REGISTRATION FORM - 2017

**Date of Camp Desired:** \_\_\_\_\_

Child's Name:	
Age:	
DOB:	
<b>Contact Information:</b>	
<u>Parent/Guardian Name:</u>	
Relationship to Child:	
Phone (Home):	
Phone (Cell):	
Phone (Work):	
Address:	
City:	
State	
Zip Code:	
<u>Parent/Guardian Name:</u>	
Relationship to Child:	
Phone (Home):	
Phone (Cell):	
Phone (Work):	
Address:	
City:	
State	
Zip Code:	
Emergency Number:	

