

Alpine Farms Camp Registration Form

Camper's Name _____ Age _____

Address _____

City _____ State _____ Zip _____

T-Shirt Size ___ XS ___ S ___ M ___ L

Camper's legal guardian _____

Address if different than camper _____

Phone(s) work _____ Cell _____ E-mail _____

Best way to contact you _____

Please indicate the week(s) you would like to attend:

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Horse/Riding Experience:

Ridden 1 - 5 times _____ Ridden 6 - 15 _____ Currently taking lessons _____

Additional information you wish to share regarding your riding experience? _____

Emergency Contact - please provide two (2) names & phone numbers).

Name _____ Phone _____

Name _____ Phone _____

Health concerns, allergies, other: _____

I, _____, hereby authorize Alpine Farms to secure medical services for _____ (my child) if necessary.

Parent's Signature _____ Date _____

Does your child have any special needs? _____ **(if yes please discuss with us)**

Please mail both forms and full payment to:

Alpine Farms / Camp Reg.

2182 Homestead Trail

Long Lake, MN 55356

or

E-mail forms to marsha@alpine-farms.com

Thank you for choosing Alpine Farms!

How did you hear about our camp? _____
