## **Application for South Algonquin Trails Summer Morning Camp**

Circle or Highlight your week requested 9am −12 noon

July 1st week, 2nd week, 3rd week, 4th week, 5th week August 1st week, 2nd week, 3rd week, 4th week, 5th week

Full Name:	
Street Address:	
City :	
ProvPC:	
Home Phone: ()	
E-Mail address:	
Birthdate:	Height:
Weight	
Family Doctor	<del></del>
Dr.'s Telephone #:	
nealth Cafu Nuffiber	
Camper Experience	
	escription of your child's riding experience and ability).
ti icase check on the most accurate de	somption of your crima's maining experience and ability).
Extreme Beginner - Has been on a	horse less than 5 times
Beginner - Walk, stop and steer, so	
Novice - Walk, sitting and posting t	_
	with balance and control; some jumping
Advanced - Walk, trot, canter and j	
Advanced Walk, trot, carrer and j	ump with confidence and accuracy
Do you have any medical problems or a	allergies? No Yes
Signature of Parent/Guardian:	
Full name of Parent/Guardian:	
Phone # where Parent/Guardian can b	e reached during the day, during camp week:
,	,, ,
Payment in full is required at time of b	ooking. (please check 1)
\$350 per week plus HST (\$45.50) <b>O</b>	PR
\$80 per morning plus HST (\$10.40)	
Call 1-800-758-4801 to reserve your sp	oot with Visa or MC # or e-transfer to

Call 1-800-758-4801 to reserve your spot with Visa or MC # , or e-transfer to info@southalgonquintrails.com or return this form with a cheque and mail to

South Algonquin Trails, Box 23, Harcourt, Ontario KOL 1X0