

Heavenly Horses Camp Form

Located at: 7406 Tryon Grove Rd., Richmond, IL 60071
(Please Print and include with your camp deposit.)

Name/Date of Camp: _____ Date of Submission: _____

Name of Camper: _____ Age: _____ DOB: _____

Address: _____

Horse Choices: (for Current Students) 1. _____ 2. _____ 3. _____

Student areas of interest/improvement/goals (Current students list 3):

Has approval to participate in: Prayer, horseback riding, hiking, games, crafts, and team building exercises. Please check one: _____ **Without restrictions** _____ **With restrictions**

Explain Restrictions:

Any medical issues or medicine that will need to be given during camp hours. (Please clearly label ANY and ALL medicines and give to Camp counselor) Give any directions and amounts below:

Parent Print Name: _____ Parent Signature: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

EMERGENCY CONTACT: (If **you cannot** be reached, this person needs to be able to drive and make medical decisions)

Print Name: _____ Phone: _____

Mail Checks and Camp Form to: Sharon Casares, 22272 W. Calvin Drive, Antioch, IL 60002

Office Use Only:

Date Received: _____ Payment Type: _____ Amount Paid: _____