

GREYSTONE STABLES SUMMER CAMP 2018

First Name

DEPOSIT

Last Name

Age

If only one week:
Please circle below

6/25-7/6*

7/9-13

7/16-27

7/30-8/3

8/6-17

First Week Only

Second Week Only

6/26-7/7*- Also Advanced Camp

PARENTS OR GUARDIANS

First Name

Relationship

Last Name

Address

Home Phone

Cell Phone

City

Work Phone

State

Email

Zip Code

First Name

Relationship

Last Name

Address

Home Phone

Cell Phone

City

Work Phone

State

Email

Zip Code

Other Emergency Contact

Full Name

Home Phone

Relationship

Cell Phone

Work Phone

Medical Information

Doctor's Name

Clinic's Phone

Allergies

Medical Problems

Medication

Extra Notes or Comments