

ROLLING HILLS FARM AND EQUINE, LLC.
386 TAIGA LANE, CAPE GIRARDEAU, MISSOURI 63701

YOUTH CAMP ENROLLMENT

Participant's name: _____ **Age:** _____ **DOB:** _____

Address City State Zip Code

Known allergies: _____

Restrictions: _____

Camp Date(s): _____

Parent or Legal Guardian: _____

(Print name)

Address City State Zip Code

Home Telephone _____ Cell Phone: _____

Emergency Contact: (If Parent or guardian cannot be reached)

Name Telephone

Signature:

Parent or legal guardian Date

Payment History						