

Centennial Acres Equestrian Center Horse Camp Registration

Camper _____

Home Address _____

Home Phone Number _____

Emergency phone numbers:

Father's name _____ Phone _____

Mother's name _____ Phone _____

Another person we may call _____ Phone _____

If my son/daughter is injured and needs immediate medical attention, I give permission to Lloyd W. Scholten, Thea J. Scholten, Lila A. VandenBerg or Tena G. Frieling to get medical help for _____
(child's name).

Signature _____ Date _____

We will be giving drink and a snack to your child each day. If you know of foods that your child cannot tolerate, please list them here.
