

SHADOWLANE STABLES CAMP REGISTRATON

Name of Camper: _____

Age: _____

Address: _____

Home Phone: (_____) _____ - _____

Email Address: _____

Health Card: _____

Allergies and/or Health Concerns: _____

Level of Riding Experience: _____

Camp Days Attending

Please circle: Winter Break March Break Summer Break PA Day(s)

Month(s): _____ Day(s): _____

Daytime Contacts

Name: _____

Phone Number: (_____) _____ - _____

Relation to Camper: _____

Name: _____

Phone Number: (_____) _____ - _____

Relation to Camper: _____

Please forward complete forms via email to cd.paxton@hotmail.com or mail to Shadowlane Stables c/o Carla Paxton, 10954 Gold Creek Drive, RR 4, Komoka, ON N0L 1R0

For more information visit our website www.shadowlanestable.com