

2010 LAKE SHORE REGION SUMMER CAMP APPLICATION

Name _____

Address _____

Club Name _____ Current Age _____ PC Rating/date: _____

When do you think you will test for you next rating? _____

Parent/Guardian Name and Contact Information:

Name: _____

Address: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email address: _____
(please print)

I am willing to be a Camp Chaperone:

T (12-5) W (6:30-5:00) TR (6:30-5:00) F (6:30-2:00)

Horse Name: _____ Age: _____ Vices: _____

Are horse/rider combination experienced with riding in the open? _____

Any restrictions for this horse: _____

Owner of Horse: _____ Ph#: _____

At what height are you comfortable schooling your horse? Show Jump _____ XC _____

At what dressage level are you working? _____

Traditional (eventing) track

Dressage/Flat only track (includes Riding in the Open and cavaletti)

Does Horse Have Any Special Medical Needs? (If yes, how will you accommodate them at camp?)

I have reviewed this application and agree that this horse/rider combination is appropriate and able to handle the Lake Shore Camp 2010 Experience for the camper's rating level. I understand that it is my responsibility to notify the Camp Organizer if a member DOES NOT obtain the anticipated rating specified above.

Signature of Club DC