

Wacker Performance Horses Camp Registration Form

Camper Name: _____ Gender: _____
Age: _____ Grade: _____ Phone: _____
Address: _____

Emergency Contact: _____ Phone: _____
Medical Insurance: _____ Policy #: _____

Check desired camp date: June 20th-24th, 2011

Check desired camp: Day Camp (\$250)
 Extended Day Camp (\$350)

Total enclosed: _____ (\$100 deposit required)

A list of items needed for camp will be given upon registration.

Childs T-shirt size: _____ (please indicate child or adult).

If you do not want your child's photo used in future brochures/advertising then please include a signed note.



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