

Wacker Performance Horses Camp Registration Form

Camper Name: _____ Gender: _____

Age: _____ Grade: _____ Phone: _____

E-Mail: _____

Emergency Contact: _____ Phone: _____

Medical Insurance: _____ Policy #: _____

Check Desired Camp Date: June 15th-19th 2020 Beginner

July 27th-31st 2020 Advanced

August 3rd-7th 2020 Intermediate/Advanced

* Camp hours for 2020 M-W 9am-3pm, Thurs 9am-8pm, Fri 9am- 1pm

* Hours subject to change

Check Desired Camp: Day Camp (\$375)

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.

Mail to: Angie Wacker

21353 S. Levi Rd.

Beavercreek, OR. 97004

503-784-2802

E-mail: wackerhorses@aol.com



