



Centennial Acres Equestrian Center
Camp Registration Form



Please identify the date(s) of the are camp week your signing up for:

Camper Info:

Name: _____ DOB: ___/___/___

Mailing Address: _____

City/State/Zip: _____

Please check if camper has any of the following:

- Asthma Diabetes Epilepsy Allergies (Food, Medication, other)

Details: _____

Will the camper need to take any medication during camp hours? Yes No

Riding Experience: _____

T-shirt Size: _____

Emergency Contact:

Parent/legal Guardian Name: _____

Parent/legal Guardian Phone #: _____

Parent/legal Guardian Email: _____

Payment Information:

Cash:

Check: Check Number: _____

****A \$75 deposit per child must accompany the submission of this registration form**

****Checks can be made out to Centennial Acres Equestrian Center**

Mail Deposit and Registration Form to:

Centennial Acres Equestrian Center

% Horse Camp

4350 61st St

Holland, MI 49423

Parent/Legal Guardian Signature

Date