

**CHATHAM HALL RIDING CAMP
REGISTRATION FORM**

Session I (July 4-17, 2010): _____ Session II (July 18-24, 2010): _____

Child's Full Name: _____ Name Preferred: _____

Date of Birth: _____ Height: _____ Weight: _____

Parent/Guardian's Name (s): _____

Address: _____ Phone #: _____

_____ Mother Cell #: _____

Work Phone #: _____ Father Cell #: _____

E-mail: _____

Grade entering in fall of 2010: _____ T-shirt size: _____

School enrolled in for school year 2010-11: _____

Address: _____

How did you hear about Chatham Hall's summer riding camp? _____

Emergency Contact: _____ Phone #: _____

Relationship to camper: _____

Address (if different from above): _____

Primary Physician: _____

Phone Number: _____

Health Insurance Company: _____

Group Number: _____ Policy Number: _____

Previous Riding Experience: _____

Previous Camping Experience: _____

Will you need transportation to or from an airport for your child? Yes _____ No _____

Will anyone other than a parent or legal guardian pick up your child from camp? _____

If yes, please state name, phone number, and relationship to child: _____

Will you need to pick your child up at a time other than between 12:30 p.m. and 2:00 p.m. on closing day? Yes _____ No _____

If yes, when? _____

May we use your child's picture for promotional purposes? Yes _____ No _____

Will you be bringing your own horse or pony to camp? Yes _____ ** No _____

Are you interested in showing during camp? Yes _____ ** No _____

Do you have a room mate preference? Yes _____ No _____

If yes, please state name: _____

Signature of Parent / Guardian _____

Date _____

**If you are interested in bringing your own horse or pony, or competing in the horse show during camp, please contact Cricket Stone at (434) 432-5500 to make the arrangements.
