

AMARA EQUESTRIAN CAMP REGISTRATION FORM 2022

NAME PARENT _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
EMAIL _____
PHONE _____ ALTERNATE PHONE _____

EMERGENCY CONTACT

NAME _____
RELATION TO CHILD _____
PHONE _____ ALTERNATE PHONE _____

HEALTH INSURANCE COMPANY

INSURANCE COMPANY _____ POLICY # _____
DOCTOR NAME: _____ DR. PHONE: _____
DOCTOR ADDRESS: _____

CAMPER INFORMATION

NAME _____
AGE _____
HEIGHT _____
TEE SHIRT SIZE _____
EXPERIENCE TO RIDING BEGINNER INTERMEDIATE ADVANCED

HOW DID YOU HEAR ABOUT US? _____
ANY IMPORTANT INFORMATION WE NEED TO KNOW? ALLERGIES? MEDICAL NEEDS? _____

CIRCLE WEEKS

WEEK 1 WEEK 2 WEEK 3 WEEK 4 WEEK 5 WEEK 6 WEEK 7 WEEK 8

PAYMENT METHOD

CHECK : PLEASE MAKE CHECKS PAYABLE TO **A&M EQUESTRIAN**

CREDIT CARD: TRANSACTION FEE MAY APPLY

CREDIT CARD NUMBER _____ EXP. DATE _____ CVC _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

SIGNATURE _____ DATE _____



PLEASE EMAIL FORM BACK TO
CAMP@AMARAEQUESTRIAN.COM
516-242-3247 / 847-337-7083