

2017 Summer Camp Registration

Camper Name: _____ Date of Birth _____

Parent Guardian Name: _____

Parent Guardian Phone: _____ Email: _____

Alternate/Emergency Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Riding Experience? Goals? _____

Anything else you feel we should know that may affect camper's ability to engage in horse related activities: _____

Please tell us how you heard about our camps? _____

Please check all camps you wish to register for:

___ **July 10-15**

___ **July 17-21**

10 - 3 Daily

\$300



***Dates/Times subject to change due to weather or number of participants.**

Checks payable to "Happenstance Farms"

Please mail checks to:

Ellen Baehr/Happenstance Farms
10208 Apple Rock Drive
O'Fallon, MO 63368

Happenstance Farm is located at:

30296 N. Stracks Church Road

Wright City, MO 63390

WWW.HAPPENSTANCEFARM.INFO

314-807-3588

For Office use only:

Deposit Rcvd: _____ Check #: _____ Amount: _____

Balance Rcvd: _____ Check #: _____ Amount: _____

MO liability waiver Rcvd: _____ Medical Release Rcvd: _____