

# 2018 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:

\_\_\_ **June 18-22**

\_\_\_ **July 9-13**

\_\_\_ **July 23-27**

**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: \_\_\_\_\_