

2017 Juckas Stables Camp Registration

845-361-1429



Session #: _____ Cookout? Yes / No

Camper's Full Name: _____ Home Phone #: _____ Alt # _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

E-Mail address: _____ Camper's age: _____ Camper's Health? _____

Does your child/camper have any allergies, medical or behavioral issues or food restrictions we should be aware of? _____ If yes, please describe: _____

Family Dr _____ Dr.'s Phone _____ Insurance Carrier: _____ ID # _____

Person to call if parent unavailable: _____ Phone # _____ Relation? _____

Describe your camper's experiences with horses: _____

What is your child/camper **most** looking forward to at camp? _____

How did you hear about J.S. Horse Camp? Please circle: Flyer Website Email Friend Other _____

Can you make a suggestion on where to post info about camps or can you help post flyers next year? _____

Is your child a return camper? _____ # years? _____ Are you signing up with a friend? No Yes - Name _____

Horse Camp: M-F August 7th-11th

Register before March 15th to receive a 10% discount

7-14 years old 8:30-11:30am \$300 Session 1 _____

7-14 years old 12:00-3:00pm \$300 Session 2 _____

Campfire Dinner Option:

Friday, August 11th 6:00 pm-9:00 am \$50 Campers

Register before March 15th to receive 10% discount



Camp _____ + Campfire Dinner _____ Total Cost _____

To reserve your child's place in camp:

Questions? Email Pam at

pjuckas@yahoo.com or call 415-408-8376

Mail Registration and Payment to:

Pam Juckas, 4 Werner Ct, Novato, CA 94947

(Make checks payable to "Pam Juckas")

Parent/Guardian Name _____ Signature: _____

Phone #'s where Parent(s) can be reached during the day at camp: _____

Name and phone number of person(s) dropping off and picking up child: _____

List name of anyone we should **NOT** release your child to? _____