



2018 Juckas Stables Camp Registration

845-361-1429

Session #: _____

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: Monday-Friday

Register before April 1st to receive a \$25 discount

July 9 th -13 th	7-14 years old	9:00-12:00am	\$300	Session 1	_____
July 16 th -20 th	7-14 years old	9:00-12:00am	\$300	Session 2	_____
July 23 rd -27 th	7-14 Years old	9:00-12:00am	\$300	Session 3	_____
July 30 th -Aug 3 rd	7-14 years old	9:00-12:00am	\$300	Session 4	_____

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 "Juckas Stables")

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? _____