



**JL Equestrian Centre Inc.**  
1110 Huron Rd, RR2,  
Petersburg, ON N0B 2H0  
519-696-3518

**Summer Horse Camp Registration**  
**\$335 per week plus \$43.55 HST. (Total \$378.55)**

**Camp sessions: Mark 1<sup>st</sup> choice with a '1' and 2<sup>nd</sup> choice with a '2':**

- |                           |                              |
|---------------------------|------------------------------|
| ___ Session 1: July 4-8   | ___ Session 5: Aug 8-12      |
| ___ Session 2: July 11-15 | ___ Session 6: Aug 15-19     |
| ___ Session 3: July 18-22 | ___ Session 7: Aug 22-26     |
| ___ Session 4: July 25-29 | ___ Session 8: Aug 29-Sept 2 |

Half day (\$45) and single day (\$80) camps may be available – please call.

**To reserve your spot, return this page with your payment, & signed liability sheet (or sign this Day 1 of camp). We will call to confirm date. Thank you!**

**Camper's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Postal Code:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Skill level/Experience/Jumping?, English or Western?, number of times on a horse?**  
**- where?, last time on a horse?, Beginner?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent's Name:** \_\_\_\_\_ **Home#:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **/ Work#:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Email id:** \_\_\_\_\_

**Home#:** \_\_\_\_\_

**Cell#:** \_\_\_\_\_ **Work#:** \_\_\_\_\_

**Other important Names (with relationship) & Phone Numbers in case of emergency:**

\_\_\_\_\_

**Any known allergies, medical or physical problems?** \_\_\_\_\_

\_\_\_\_\_

**Is the camper on any medication? If so, for what?** \_\_\_\_\_

**Camper's OHIP# :** \_\_\_\_\_ )

