



619-443-1939 (office)

12307 Willow Road

www.elcapitanecenter.com

Lakeside, CA 92040

Horse Camp 2011 Registration Form: Please print clearly

*****Please make all checks payable to SARAH BROOKS*****

Youth Name: _____ Age if under 21: _____

Dates of Camp: _____

Parent/Guardian Name(s): _____

Address: _____ State: _____ Zip: _____

Home Tel: _____ Office: _____ Cell: _____

Emergency Contact(s): _____ Tel: _____

Address: _____ State: _____ Zip: _____

Relationship: _____

Phys. Name: _____

Phys. Address: _____ State: _____ Zip: _____

Phys. Tel: _____ Hospital Affiliation: _____

Known Medical problems or Allergie(s): _____

In the event of accident or injury I give El Capitan Equestrian Center management and/or staff to seek emergency

(911) medical attention for my minor child named above.

Date: _____ Signature: _____

Printed Name: _____ Relationship: _____

Event Fee: _____ Amount enclosed: _____

By placing my signature below I acknowledge that I am registering myself or my minor child for camp, that I am authorized to do same and that my registration fees are non-refundable.

Date: _____ Signature: _____