



Cloud 9 Ranch Riding Day Camp Registration 2017

Beginner July 3-7 _____ Beginner July 24-28 _____ Intermediate Aug 21-25 _____

Student Name: _____ Contact Phone #: _____

D.O.B.: _____ Male or Female _____ Nickname: _____
Month Day Year

Parent/Legal Guardian Name: _____

Email: _____

Mailing address: _____

If you have never ridden at Cloud 9 Ranch, please indicate your riding/horse
experience: _____

Will you provide your own horse? _____ *if yes, arrange with Tara

If you have a preference, which horse of ours do you want to use? _____

Have you attended Cloud 9 Ranch camp in the past? _____ Year? _____

Food or environmental allergies: _____

Physical Limitations we need to be aware of: _____

Learning Disabilities: _____

Contact in case of emergency: _____

Will you provide your own certified helmet? Bicycle helmets are not allowed. ____

Camper needs to speak and understand English.

Please return form with \$100 deposit before June 15, 2017 to Cloud 9 Ranch

Box 20232 Steinbach, MB R5G 1R7. Contact Tara at 392-6308 or tara@cloud9ranch.ca