

Phelan Training Stable - Registration Form 2010

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Address: _____

City/Town: _____ Zip Code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Does your child have special medical needs? Yes No

If yes, please describe:

Please Circle which camp session you would like:
July 26th - 30th August 9th - 13th August 16th - 20th