

Event Camp Application Form

Name: _____ Jr. Camp 6/25-29 8/10-12 ___ Adult Camp ___

Address: _____

City: _____ State: _____ Zip: _____

Age (Jr.): _____ Riding Experience: _____

Parent/Guardian : _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Emergency Information Contact Name: _____

Relationship: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Doctor: _____ Dr. Phone: _____

Health Insurance Co. & # _____

Please list all allergies or other limiting medical conditions:

Other Important Information

- A deposit of \$100 per camper is required with this application.
- Balance due one week before camp. Junior Camp is \$425 & Adult Camp is \$300
- A waiver/ transportation consent form must be completed and signed by a parent or guardian if under 18 by the first day of camp.
- The waiver is on our website www.prestigettraining.com
- Deposit is non-refundable, and there is a \$30 return check fee.
- In case of emergency, I give permission for a Prestige Training, LLC to provide or seek medical treatment for my child or myself.
- I have read, and acknowledge the above information.

Participant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Make Checks payable & mail deposit to: Prestige Training, LLC

13410 Fox Chase Lane Spotsylvania, VA 22553

(303) 917-1488 E-MAIL: prestigettraining@mac.com