

# **Heavenly Horses 2019 Christmas Camp**

Located at: 7406 TYRON GROVE RD RICHMOND, IL 60071

**Name of Camper:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Camp:** \_\_\_\_\_ **Date of submission:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Horse Choice: (if none leave blank) 1.** \_\_\_\_\_ **2.** \_\_\_\_\_ **3.** \_\_\_\_\_

Has approval to participate in daily: Prayer, horseback riding, hiking, games, crafts, and team building exercises. Please check one:

\_\_\_\_\_ **Without restrictions**

\_\_\_\_\_ **With restrictions**

**Explain Restrictions:**

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

Any medical issues or medicine that will need to be given during camp hours. (Please clearly label ANY and ALL medicines and give to Camp counselor) Give any directions and amounts below.

\_\_\_\_\_

**Parent Name Print:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**EMERGENCY Contact:** (In case **you cannot** be reached, this person needs to be able to drive, and make medical decisions for your child)

**Print Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**\*\*Please return registration forms and riding waiver (unless current student) along with a 50% deposit of camp fee in order to hold a spot. All final balances must be paid 30 days prior to camp.\*\***

Make Checks Payable to: Sharon Casares

Mail Checks to: Sharon Casares  
22272 W. Calvin Drive  
Antioch, IL 60002

**Limited spots are available for each camp so sign-up A.S.A.P  
If you have any questions, comments, or concerns please feel free to e-mail us at heavenlyhorses57@gmail.com or call us at 847-867-6656  
(Please leave a detailed message)**

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**Office Use Only:**

Date Received: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Amount Due: \_\_\_\_\_

Date Received: \_\_\_\_\_

Final Payment Received: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Total Amount Paid: \_\_\_\_\_