

PONY CAMP BOOKING FORM 2009

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Parent Name:						
Address:						
Contact No. for Camp Week						
	Members Name	Age	Pony Details, Name, Age & Height	Week 1	Week 2	Mini Camp
1						
2						
3						
4						
Is your Child on any Medication or have a Medical History that we should be made aware of. Please give details.						
Do you give permission for your Child to ride another Pony at Camp ***** YES / NO						
Do you give permission for another Child to ride your Pony at Camp ***** YES / NO						
Do you give permission for your Child (if aged 14 on 1/1/09) to sleep over ***** YES / NO						
Is there a pal of a similar age or standard you wish to be in a ride with, please let us know _____						
BOOKING WILL BE ONLY ACCEPTED WHEN THE ENCLOSED BOOKING FORM AND THE APPROPRIATE FEE OF €150 PER CHILD HAS BEEN SENT TO ROSEMARY O'DONNELL, KNOCKGRAFFON, CAHIR, CO TIPPERARY BY 5TH JUNE 2009 BOOKING IS ON A FIRST COME FIRST SERVED BASIS.						