

## PONY CAMP BOOKING FORM 2010

Parents 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 permisson for another Child to ride your Pony at Camp ***** YES/NO						
<b>BOOKING WILL BE ONLY ACCEPTED WHEN THE ENCLOSED BOOKING FORM AND THE APPROPRIATE FEE OF €150 PER CHILD HAVE BEEN SENT TO ROSEMARY O'DONNELL, KNOCKGRAFFON, CAHIR. CO.TIPPERARY BY THE 5TH JUNE 2010</b>						
<b>BOOKING IS ON A FIRST COME FIRST SERVED BASIS.</b>						