2020 Summer Horsemanship Camp Application

June 20-23, 9 am to noon, Monday-Thursday, Seven Oaks Ranch, 199th & Pflumm in Spring Hill, KS

Camper's name:	Boy or girl (circle one)
Address:	
City, State, Zip:	
Parent(s) names:	
Phone (home & <u>cell</u> , please):	
Email (both parents):	
Camper's age: Gi	rade in school:
Camper's riding experience:	
Physical limitations (if any):	
Medications needed at camp:	
Who, besides parents, may pick up after camp?	
and I understand that there is limited liability for any in equine limited liability law. I accept all responsibility for participation in Seven Oaks Ranch Summer Horsemansh Release of Liability as a condition of my child's participat required to abide by the rules of Seven Oaks Ranch and	any injuries or death resulting from my child's hip Camp. I understand that I will be required to sign a tion in this camp. I understand that my child will be
	_ Date
Parent of Camper (sign here)	Please print name here
Parent of Camper (sign here)	Date Please print name here
ratent of camper (significie)	ricase print name nere

Please attach your check in the amount of \$300 for the week, or your \$150 *non-refundable* deposit to hold your space for the week, and mail with completed application to: Daphne Thornton, 9154 Riggs Lane, # E, Overland Park, KS, 66212. If you need more information, feel free to call Daphne at 816-507-5928 or Dana at 515-441-9403. Please make your checks payable to Dana McCullough.