

Phelan Training Stable - Registration Form 2017

Child's Last Name: _____

Child's First Name: _____

Child's Date of Birth: _____

Parent/Guardian Last Name: _____

Parent/Guardian First Name: _____

Address: _____

City/Town: _____ **Zip Code:** _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Does your child have special medical needs? Yes No

If yes, please describe:

**Please Circle which camp session you would like:
July 11th-15th July 31st - August 4th August 7th-11th**