## OHCYP Sr. ADVANCED CAMP WEEK JUNE 9-14, 2019 AGES 14-17

Camper's Name		(Nick Name	)
Age Date of birth:			
Grade in school			
Address:	City:	Zip:	
Mother's name and phone	#	<b>.</b>	
Father's name and phone	#		
Legal guardian name and phone	#		
Father's name and phone  Legal guardian name and phone  Emergency Name and Number:	#		_
***********	*******	********	*****
In signing this application, I certify that my smake him/her an undesirable at OHCYP Wedpayment outlined in this application. I agree misconduct, or any other cause that the fee is	ekend Camp and Camp Moha in the event of cancellation or s nonrefundable.	ven Equine. I agree to abide withdrawal because of home	by the terms of esickness,
I hereby give permission for my son/daughte Ohio Horseman's Inc staff to act in my behal I understand that photographs of my child fro statements about Camp Mohaven Equine ma This application has my approval and consen	If in case of sickness or emerg om the camp season are availa y be used as testimonials in m	ency. ble for publication and that i	my positive
• Parent or Guardian:		Date:	-
• Camper:		Date:	<u> </u>
Application and \$190 (Advanced riders nee	0.00 due by May 27, and to be able to saddle you		canter)
Make check payable to: Ohio Horsema Send to: OHCYP C/O Jackie Romaker 9101 McCutchenville Rd. Wayne, OH 43466	an's Council		
Sign in begins	Sunday June 9th at	4:00pm-6:00pm	
	riday June 14 <sup>th</sup> at 5		
•	·		0 11
Please enclose email (if you have one) be e-mailed to you. Directions to camp a or e-mail and I'll be happy to answer all you		c nation. If you have any qu	conformation will uestion please call
Jackie Romak	ter 419-575-3623 <u>youth</u>	@ohconline.com	

Please list any allergies or medical special diets on back. ( Please put all medication in a marked zip lock bag.)