



Moss Landing

2024 Summer Camp Registration Form

Camp Session/Date: _____

Name of Camper: _____ Age: _____

Name of Parent(s): _____

Address: _____

Parent 1 phone: _____ Parent 2 phone: _____

Primary Email: _____

How did you hear about Moss Landing Horse Camp: _____

Camper's riding experience, if any: _____

Allergies: _____

Emergency Contacts other than parents: _____

Please list the names/cell numbers who have your permission to pick up your child from camp: _____

Anything else we should know? _____