



*Lazy River Pony
Summer Camp 2004 Application Form*

Name: _____ Date of Birth: ___/___/___

Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone (H): _____ (W): _____

Mother's Name: _____ Phone (H): _____ (W): _____

Contact in case of emergency: _____ Phone: _____

Medical Concerns: _____

Doctor: _____ Phone: _____

Hospital: _____ Insurance Carrier: _____

Allergies: _____

Level of Experience: _____

Date of Session Desired: _____

Special Instructions: _____

Cost: _____ Paid: _____

(Check payable to Lee Thomas) 6524 Corrales Rd. Corrales NM 87048
505-897-0367

Signature of parent or guardian: _____ Date: _____