

Registration Form for Camp at Spring Brook Farms, LLC

11760 West New Ross Road, New Ross, IN 47968

[317-695-8944](tel:317-695-8944) atspringbrookfarms@gmail.com www.atspringbrookfarms.com



Camper's Information

Name: _____

Age: _____

Upcoming Grade: _____

Session Request: 1 OR 2

Camper's Birthdate

Camper's Address

Camper's School for the Upcoming Year

Parent or Guardian's Name and Phone Number

Parent or Guardian's Address

Parent or Guardian's Name and Phone Number

Parent or Guardian's Address

Emergency Contact (Relation) and Phone Number

Why does the Camper want to attend?

What goals do you have for this camper while at camp?

Are there specific personal growth areas or character traits that would be a beneficial area on which to focus with this camper?

Does the Camper have an IEP, GEI or 504 Plan at School? If Yes, please explain what the plan is for?

Are there any food allergies or restrictions for this camper? What foods are their favorites?

Are there any medical concerns that we need to be aware of such as any other allergies, injuries, phobias, chronic conditions, ETC?

Does the camper have any previous horse experience?

Please share more information about this camper so we know them better when they arrive.

Do you have any questions for us?

Who has completed this form?

Printed Name _____

Signature _____

Best way to contact you? _____