

# SUMMER HORSE CAMP *2022*

CAMPER NAME: \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PARENTS' NAMES AND PHONE NUMBERS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL ISSUES: \_\_\_\_\_

\_\_\_\_\_

SPECIAL FOOD REQUESTS: \_\_\_\_\_

\_\_\_\_\_

Please mail \$75.00 (non-refundable deposit, balance due first day of camp) to:

Libby Shackelford  
95 Albright Farm Road  
Montevallo, AL 35115  
mslibbyequine@gmail.com  
www.carouselbreeds.com  
205-533-0432