



Country Springs Equestrian Center Summer Camp

Camper Registration Form

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* *State* *ZIP Code*

Home Phone: _____ Parent Cell Phone: _____

Parent Name: _____

Parent Email: _____

Camper Age: _____ Allergies/
Medications: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Emergency Contact Relation: _____

For Office Use Only

Week of Camp: _____ Deposit: _____

Payment Amount: _____ Payment Type: _____

Date of Payment: _____ Collected By: _____

T-Shirt Size: _____

386 Charles Town Road, Pelion SC, 29123
(803) 466-7134