

**INGLESIDE FARM SUMMER CAMP 2007  
REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

PARENTS NAMES \_\_\_\_\_

WORK AND CELL NUMBERS \_\_\_\_\_

\_\_\_\_\_

RIDING

EXPERIENCE \_\_\_\_\_

\_\_\_\_\_

FAVORITE SNACK &

DRINK \_\_\_\_\_

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

SESSION ATTENDING \_\_\_\_\_

DEPOSIT ENCLOSED \_\_\_\_\_

BALANCE DUE FIRST DAY OF CAMP \_\_\_\_\_

Mail to Ingleside Farm  
P.O. Box 833  
Franklinton, NC 27525