

Patchwork Farm Summer Camp

Confidential Questionnaire

Name of Camper: _____

Age: _____ Summer Camp Week: _____

Parent's Names: _____

Phone number and email: _____

Riding Experience:

Regular Lessons

Previous Riding Camp

Trail Riding

Occasional Lesson

None

ANY Allergies: _____

Medications: _____

PLEASE list any behavioral/learning issues. It is important for us to know/ understand if your child is ADHD/Dyslexic/Autistic/etc. Again, this form is confidential.