



Corner Creek Farms Camp Intake Form

Attendee name: _____ Date of Birth: _____
Address: _____
Emergency Contact: _____ Relation: _____
Phone number: _____ Email: _____
Horse Council BC Number: _____

Please select which camp date you would like to attend: June 21st -25th
 July 19th-23rd
 August 2nd-6th

Camps will run from 9am through to 12:30pm, some snacks and drinks will be provided. Please let us know if your child has any dietary restrictions or allergies.

Briefly describe attendees previous experience around horses and farm animals and anything else you feel that we should be aware of:
