

2010 FFA Horse Camp Registration Form

FFA Horse Camp Week Attending (*circle one*): June 27-July 2 July 11-16

Student Name: _____ Date of Birth: ____ / ____ / ____

Last Grade Completed in School: _____ T-Shirt Size: YM YL S M L XL XXL

Parent/Guardian Name: _____

Relationship to student: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Cell Phone / Pager Number: _____ (In case of emergency)

Parent/Guardian Signature: _____

Has your child attended a previous FFA Horse Camp? _____ If so, what year? _____

How did you hear about the camp? _____

Describe previous horse experience: (Note: the camp is designed for inexperienced riders)

Please return this form with a \$100 *non-refundable* deposit. **Please make checks payable to "Georgia FFA-FCCLA Center."** The balance (\$250) is due upon arrival at the camp. There is limited space available, and the camp will be filled on a first-come first-serve basis. Additional camp information will be mailed to the address that you provide. General Camp information is also available online at www.ffahorsecamp.com.

Complete this form and send with \$100 deposit to:

Horse Camp Registration
Georgia FFA-FCCLA Center
720 FFA FHA Camp Road
Covington, GA 30014

If you have any questions, contact the Georgia FFA-FCCLA Center:

Phone: (770) 786-6926 ext. 8
Email: LBagley@GaAgEd.org