

**BLACK'S HORSES & PONIES, INC.**

Edgewood Farms  
16045 Rococo Road  
Tallahassee, Florida 32309  
893-4379 (office) 893-7212 (stable) 893-8162 (fax)

**Summer Camp Application**

Please download file, print, fill out information, and send by US mail with \$50.00 application fee to the address above.

**Please indicate weeks requested:** \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother 's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Father 's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Physician 's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician 's Address: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby authorize BLACK' HORSES & PONIES to secure medical services for my child \_\_\_\_\_ if necessary.

\_\_\_\_\_

Signature

Date

**\*\$50.00 deposit required with application (non-refundable)**