

Agave Hurricane Trail Company

Summer Camp 2024 Registration Form

Name of Camper (First and Last): _____

Date of Birth: ___/___/____ Age at Start of Camp: ____

Male [] Female []

Street Address: _____

Home Phone Number: (____) ____-____

Father/Guardian's Name: _____ Mother/Guardian's Name: _____

Best Contact Number: (____) ____-____ Best Contact Number: (____) ____-____

Email: _____@_____ Email: _____@_____

Check the 2024 Horse Camp of Your Choice (1 as your first choice, 2 as your second.)

____ June 3 - 6 (4 day camp) \$400 Beginner w/Show

____ June 10 - 13 (4 day camp) \$400 Intermediate w/Campout

____ July 15 - 18 - (4 day camp) \$400 Beginner w/Show

____ July 22- 25 - (4 day camp) \$400 Intermediate w/Campout

I would like to be in the same camp as my friend/family member: _____

My child has my permission to attend Agave Hurricane Summer Camp 2024 and to participate in all activities. In the event of accident or sickness, Agave Hurricane Trail Company has my permission to obtain, at my expense, any medical attention deemed necessary by a licensed physician. I understand that as a participant, my child may be photographed or videotaped and that these may be used in promotional materials. I also understand that Agave Hurricane Trail Company cannot be responsible for lost or broken items, and that any unclaimed items will be donated to charity after two weeks from the end of my child's camp. Your deposit of \$50.00 is non-refundable due to cancellation. In the event that you are not able to attend camp due to a waiting list, your deposit will be promptly refunded.

Please make your check payable to Agave Hurricane Trail Company, and send Application and Registration Fee to:

Agave Hurricane Summer Camp
7605 Clover Ln
Watauga, TX 76148

If you have any questions, feel free to call/text 817-688-9595, or email us at agavehurricane@yahoo.com