Camp Year: _____

Keno Hills Stable & Tack Shop Ltd.

52165 Range Road 210, Sherwood Park AB Canada T8H 1A1
780-922-2941 | staff@kenohills.com | www.kenohills.com

Camp Registration

CAMPER INFORMATION

Last Name:_____ First Name: _____ ☐Male ☐Female
Address:_____ Age: _____
City: _____ Province: _____ Postal Code: _____
Home Phone: _____ Cell: _____ Email: _____

FAMILY INFORMATION

FATHERS INFORMATION

_____
Last Name, First Name
Address:_____
City:_____
Province: _____ Postal Code:_____
Home Phone:_____
Work Phone:_____
Cell Phone:_____
Email:_____

MOTHERS INFORMATION

_____
Last Name, First Name
Address:_____
City:_____
Province: _____ Postal Code:_____
Home Phone:_____
Work Phone:_____
Cell Phone:_____
Email:_____

EMERGENCY CONTACT INFORMATION *(If parent/guardian not available)*

Last Name:_____ First Name: _____ Relationship:_____-_____
Home Phone:_____ Work Phone: _____ Cell Phone:_____

CAMP INFORMATION

Describe horse experience (lessons,camps, etc.):_____
Describe swimming experience (lessons, levels):_____
Which Camp ☐Crazy 4 Horse ☐ Advanced Horse Camp ☐Other: _____
Date:_____

PAYMENT INFORMATION

All fees for Keno Hills must be paid in full. Registration may be done in person or online. Please ensure you bring all completed forms with you at the time of attendance.Registrations are not complete without health information and signature. Confirmation of your registration will be emailed to you.