

WILTON HUNT BRANCH OF THE PONY CLUB - CAMP BOOKING FORM 2020

Please tick the appropriate camp:-

MAIN CAMP	Sun 26 th July – Fri 31 st (12 – 21yrs)	£250 _____
JUNIOR CAMP	Wed 5 th – Sat 8 th August inc. (12yrs. & under off Lead reins)	£150 _____
MINI CAMP	Thurs 6 th – Sat 8 th August inc. (Lead reins)	£ 75 _____

**Places can not be reserved without payment and will be allocated on a first come, first served basis.
At all camps numbers are limited.**

MEMBERS DETAILS:

NAME:..... AGE on 1st Jan.....yrs..... mths
PARENT/LEGAL GUARDIAN.....
ADDRESS.....
.....
EMAIL MOBILE.....
TEL. NO.DAY.....NIGHT.....
Additional Contact No: if above unavailable Name Relationship to member
TEL.....:..... MOBILE.....
PARENTS FIRST AID QUALIFICATIONS (if any).....
Any food requirements; Vegetarian Gluten Free Dairy Free Other, please state

MEDICAL INFORMATION. If you tick any box below or take any medication, you must fill in a Medical consent form, and send with booking form. An updated copy needs to be handed in to staff on arrival at camp with any Medication the member is taking

Take any Medication (If Yes you must fill in a medical consent form in full and hand into organiser)
Suffer from (please tick) Asthma Epilepsy Migraine Diabetes Hay Fever Any Skin Complaint
Suffer from any allergies (ie food, insects, medication).....
FAMILY DOCTOR..... TEL. NO.....
If there are more details we need to know please use the back of this form to give more information.

HORSE/PONY DETAILS

NAME.
HEIGHT..... SEX..... AGE.....
VET..... VET TEL. NO.....
LAST 3 EQUINE FLU VACCINATION DATES. 1..... 2..... 3.....
Please list anything we ought to know about your horse/pony
.....

MAIN CAMP 2020 ONLY Pony stabled overnight at Tenantry YES / NO

Type of Bedding required for your horse/pony. (Main Camp) STRAW / SHAVINGS (BRING YOUR OWN SHAVINGS)

FOR ALL CAMPS - Pony Club tests passed.....Tests you wish to take this summer.....

Details of riding and horse-mastership experience.....

COVID-19 EMERGENCY FIRST AID - I do/do not give consent for Emergency First Aid to be administered to my child, if PPE is not available at the time of the incident.

Send Form to Mr M Elgar, Slate Cottage, Homington, Salisbury, Wilts, SP5 4NQ or Scan to markelgar@btinternet.com

Signed (Parent/Guardian).....Print.....