Weddle Training Stables

Summer Day Camp Reservation Form

Camp Dates Requested:	
Camper's Name:	Age:
Parent/Guardian Name:	
Address:	
Best Contact Phone(s):	
Alternate Contact Name:	Phone:
Any known allergies/medical conditions:	
Other Needs/Considerations:	
\$650 per week, 9AM to 4PM, Monday throu non-refundable advance deposit.	igh Friday, includes required \$100.00
I give my permission for my child to attend a permission to Dana Weddle to contact emerge that I cannot be reached immediately by pho Release of Liability form for my child at the	gency medical services in the event ne. I acknowledge that I must sign a start of the first day of camp. I DO
DO NOT give permission for my child to	
Parent/Guardian Signature:	
Required \$100 deposit with DATES REQU	UESTED and contact information!
-Pay via Check and Mail reservation form to	:
Dana Weddle , 12416 FM 1826 Austin, TX 78737	
-"Send to Friends" via PayPal, or via Zelle, note DATES REQUESTED ! to:	
weddleshowhorse@hotmail.com	

-Venmo @Dana-Weddle-7, (Phone# 512-657-8612), **NOTE DATES!**