

Application

to summer camp

Camp date: P A B C D E F

First name:

Last name:

Date of birth:

Address:

Postal code:

Health insurance company:

Name of father:

Name of mother:

Accident insurance: YES NO

Contact address at the time of camp:

Phone number at the time of camp:

Horse riding experience (e.g. walk, trot, canter, beginner, advanced, ...):

Entitled person signature:

By signing this application you are committing your child to attend the camp.
If the child is not able to attend the camp, please let us know as soon as possible so that the vacancies are not blocked for other children. Thank you for your understanding.

Contact:

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