

Walking G Ranch Camp

Dave Newcomb, Owner - Manager

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APPLICATION FOR ENROLLMENT

Place
Photo
Here

Date _____, 2006

Please enroll my Son _____ Daughter _____

Full Name _____ Nickname _____

1st Choice _____ session From _____ To _____

2nd Choice _____ session From _____ To _____

Parent(s) or Guardian _____

Home Address _____

City _____ State / Country _____ Zip _____

Home Phone (____) _____ Business (____) _____ Cell (____) _____

Parent's E-mail _____ Camper's E-mail _____

Parent's Occupations _____

Child's Date of Birth _____ Child's Age (at Camp time) _____ SSN# _____

School Last Attended _____ Grade or Class Attended _____

Family Physician _____ Physician Phone (____) _____

What accomplishment is particularly desired _____

This will be the _____ year my child has attended the Walking G Ranch.

How did you hear about the Walking G? (Friend) _____ (Magazine) _____ (Internet) _____

My child: (Please check appropriate choices)

Will use the Walking G transportation from Sacramento airport to the ranch.

Will use the Walking G transportation to return from ranch to Sacramento airport.

Will be brought to the ranch by private transportation.

Will be picked up at the ranch by private transportation.

If flying in: Airline _____ Flight Number _____ Time Arriving _____

If flying out: Airline _____ Flight Number _____ Time Departing _____

I am enclosing the registration fee (\$250), the balance to be paid 2 weeks before my child comes to camp. I understand that the registration fee is used to cover enrollment costs and is not refundable. The registration fee will be refunded if The Walking G cannot place my child in the session(s) of my choice. Confidential information regarding your child should be written on the REVERSE side of this form. Please include any health, emotional, mental, or personality problems. Please sign your statement.

MEDICAL AUTHORIZATION: In case of accident or sickness, the Walking G Ranch has my authorization to secure such medical attention for _____ as is deemed necessary. This authorization applies whether the charges are covered by camper insurance or myself.

Signature of Parent/Guardian _____ Date _____

PLEASE REMEMBER TO ENCLOSE A CURRENT PICTURE TO IDENTIFY YOUR CHILD