

EQUI-BEST EQUESTRIAN CENTER

CAMP APPLICATION FORM

82136 Hwy. 437 Covington, LA 70435

985-893-4500 • lquast4184@aol.com

Child's Name _____

Parent's Name _____

Cell Phone _____

Age _____ Birthdate _____

Address _____

City & State _____

Email _____

Date(s) Attending _____

Before/Aftercare needed YES or NO

Allergies _____

- Please be sure to pack your child some drinks and a lunch.
- Before & Aftercare is only available with prior notice