



# Horsey House Call Application

Please print and complete application in black ink.

<b>For Office Use Only</b>
Date Received:
Initial Contact Made <input type="checkbox"/>
HHC Scheduled <input type="checkbox"/> date _____

<b>PLEASE RETURN THIS FORM TO CAMP CASEY VIA POST OR EMAIL:</b>	333 W. Seventh St., Suite 230, Royal Oak, MI 48067 info@camp-casey.org
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### General Information:

Camper Name		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address			
City	State	Zip	
Birth Date	Age		
Home Phone	Parent's Email		
Mother's Name	Cell	Work	
Father's Name	Cell	Work	
Legal Guardian (if applicable)	Cell	Work	

Diagnosis:  
 Diagnosis Date:  
 Remission Date (if applicable):  
 Hospital where receiving treatment:

### House Call Information:

Camp Casey can accommodate 6 riders (including the nominated camper). Names and ages of all participants:

1.	4.
2.	5.
3.	6.

Do any of the participants have dietary restrictions? If so, explain.

Is parking allowed on your street? If not, is your driveway large enough to accommodate our truck and trailer?

Does "camper" have physical limitations that may require extra assistance during horseback riding? (Please note: We can accommodate almost anyone, but like to be aware of circumstances prior to the house call.)

How did you hear about Camp Casey?

Please note that submitting an application does not guarantee your family a Horsey House Call. Camp Casey's equine director will be in touch with you after receiving your application.