

EKONE SUMMER CAMP REGISTRATION FORM
White Eagle Vision Expeditions, LLC

Dates of camp or activity: _____

Name(s) of parent(s)/guardian(s): _____

Address: _____

Phone: _____ Email: _____

	Name of Camper	Age	Boy/Girl	Riding Experience
1.	_____	_____	B G	_____
2.	_____	_____	B G	_____
3.	_____	_____	B G	_____

Special dietary needs:

Additional information that would be helpful for camp staff:

Where did you hear about our camps?

Send form with applicable 50% deposit, Release Form, and Camper Agreement to address below. Please also include a recent photo of each child. The balance of payment is due upon arrival at camp. We look forward to sharing our summer with you!

EKONE SUMMER CAMPS
401 Ekone Road
Goldendale, WA 98620
(509) 773-6800 ☀️ summercamp@ekone.org