

# Program Registration Form - Summer 2007

Cedar Ridge Ranch  
W14471 Dartford Rd  
Ripon, WI 54971

Program Selection  
(Name & date of program)

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Participant's Name

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Parent/Guardian Name (if a minor):

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Address

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Phone

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Emergency Contact:

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Phone(s)

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Special Needs and Considerations (i.e. dietary, physical, allergies, etc.)

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Additional Information and Comments

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Payment: Check or money order to be made out to Cedar Ridge Ranch, LLC  
Credit Card Information (Visa or Master Cards Only)

\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ exp. Date \_\_\_\_\_

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Participant's (or Parent/Guardian) Signature and Date