



Three Gaits, Inc.

Therapeutic Horsemanship Center

STABLE ADDRESS:
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Stoughton, WI 53589
(608) 873-1929
3gaits@3gaits.org

MAILING ADDRESS:
P.O. Box 153
Oregon, WI 53575
(608) 877-9086
<http://www.3gaits.org>

2010 Day Camp Counselor Application

Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Email: _____

What phone is best to reach you at during the day? _____

I am available for _____ half days (8:30-11:30) or _____ full days (8:30-3:30)

Please indicate which session(s) you would like to join us... (We ask that you commit to an entire session - instead of a designated day of the week. This helps with continuity and makes the camp more effective.)

___ Session "A" YOUNGINS RIDING CAMP (Age 6-9) Dates: June 21-25, 2010

___ Session "B" BEGINNERS RIDING CAMP (Age 10-13) Dates: July 19-23, 2010

___ Session "C" INTERMEDIATE RIDING CAMP (Age 10-13) Dates: August 2-6, 2010

___ Session "D" YOUTH VOLUNTEER DAY CAMP (Age 9-13) Dates: June 28-July 2, 2010

___ Session "E" YOUTH VOLUNTEER DAY CAMP (Age 9-13) Dates: August 9-13, 2010

___ YES, I will attend the counselor training session on Saturday, June 12, 2010 from 9:00-1:00pm

___ No, I can not make the meeting (but I understand that I must plan on meeting with Angela before camp begins!)

Additional Questions...

What do you hope to gain from being a day camp counselor at Three Gaits?

Do you have previous experience working with children? Please describe...

Do you have previous experience working with horses? Please describe...

Looking at camp descriptions (<http://3gaits.org/daycamp.htm>), what kind of group activities would you feel comfortable supervising? Are there activities that you are not comfortable supervising?

Please mail this form, along with the **Three Gaits Volunteer Application / Release Form**
(Found at: <http://3gaits.org/forms/volunteer-application.pdf>)

to: Day Camp Registration
Three Gaits, Inc
PO Box 153
Oregon, WI 53575