



2017 Summer Camp Registration Form

My child will attend camp the following days:

- | | |
|---|---|
| <input type="checkbox"/> Friday - June 9, 2017 | <input type="checkbox"/> Friday - July 7, 2017 |
| <input type="checkbox"/> Friday - June 16, 2017 | <input type="checkbox"/> Friday - July 14, 2017 |
| <input type="checkbox"/> Friday - June 23, 2017 | <input type="checkbox"/> Friday - July 28, 2017 |
| <input type="checkbox"/> Friday - June 30, 2017 | |

Child's Name: _____ Age: _____

Parent Name(s): _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Emergency Contact: _____ Phone: _____

Deposit: Number of Days x \$25.00 per day = \$ _____ Total Deposit
(Balance of \$60.00 per day due on the first day of camp attended.)

Method of Payment:

- Check
- Visa
- Mastercard
- American Express

Credit Card #: _____ Exp.: _____ 3-digit Security Code: _____

Billing Address (if different from above) _____

Signature: _____

Camp is open to children of all riding abilities from 5-15 years old and runs from 9:00am - 3:00pm.
Cost is \$85.00 per day with a non-refundable deposit of \$25.00 per day due at time of registration with the balance due at the beginning of each camp day.