

Horse Camp Registration

| Camp Participant Name(s) | |
|--|---|
| Parent Name(s): | |
| Contact Phone: | Alt contact phone: |
| Email (please print clearly): | |
| Camp Participant's Age(s): | |
| Session Dates this rider will attend: | |
| Holiday Camps - \$75 Martin Luther King Day, Jar President's Day, February 1 Good Friday, April 20 Break Camps - \$350 Fall Break Camp October 7 Spring Break Camp March Winter Camp Days - \$75/day December 23 December 26 December 27 December 30 January 2 January 3 | 7 |
| arrangements have been made | ped off before 8:15 or picked up after 2:45 unless special |
| Please sign, indicating understanding of the | e following: |
| understand that a camp participant will be judgment of the instructor, he/she is unable participant, other participants, or the animal participants. | be made for cancellations within two weeks of the start of camp. I forbidden from taking part in further camp activities if, in the e to follow directions and participate in a manner that is safe for the als in the program. Should the further presence of a participant who er become disruptive to the ongoing camp program, the responsible pick up the participant. |
| | Date |
| Parent Signature | |