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
- November 3rd
- November 11th
- January 4th
- January 18th
- February 15th
- April 2nd

Break Camps - $350
- Fall Break Camp Oct 5th – 9th
- Winter Break Session 1 – Dec 21-23
- Winter Break Session 2 – Dec 28-30
- Spring Break Camp March 15th – 19th

Please verify and initial the following:

_____ Payment for camp has been made
_____ Camp participant will not be dropped off before 8:15 or picked up after 2:45 unless special arrangements have been made
_____ Participant Sign Up Packet has been completed and returned to THH (on the THH website in the Camps section.

Please sign, indicating understanding of the following:

I understand that refunds will normally not be made for cancellations within two weeks of the start of camp. I understand that a camp participant will be forbidden from taking part in further camp activities if, in the judgment of the instructor, he/she is unable to follow directions and participate in a manner that is safe for the participant, other participants, or the animals in the program. Should the further presence of a participant who is deemed to be acting in an unsafe manner become disruptive to the ongoing camp program, the responsible adult will be asked to come to the facility to pick up the participant.

________________________________________________________________________ Date________

Parent Signature