



CAMP REGISTRATION FORM

Camper's name: _____

Address: _____

Telephone number: _____

Emergency contact: _____

Age: _____ Riding level: beginner _____ intermediate _____ advanced _____

Please sign my child up for the following week(s):

_____ June 22-26, 2009

_____ June 29-July 3, 2009

_____ August 10-14, 2009

Cost is \$350 per week. A deposit of \$100 must accompany this form in order to secure your child's place. The balance of \$250 is due by June 1, 2009.

Cancellations made prior to May 1st will receive a full refund. Cancellations made after May 1st will forfeit the deposit.

Parent/Guardian Signature

Date

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