

### CAMP DATES AND PRICES

Camp is from 9:00 am – 3:00 pm daily starting July 3.

Please select the week(s) you would like to attend. Check below.

Space is limited to 14 participants.

Camp will be offered the following weeks:

July 3\_\_\_\_\_

July 10\_\_\_\_\_

July 17\_\_\_\_\_

July 24\_\_\_\_\_

July 31\_\_\_\_\_

August 7\_\_\_\_\_

Fees:

Each week of camp is \$475.

However, if you reserve your spot by May 1, 2023 with a \$75 non-refundable fee the cost per week is \$450. Families registering more than one child will receive 10 percent off the second camper. Multi Week Discount is available.

### INFORMATION

Camper's Legal Name \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

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Camper Birth Date \_\_\_\_\_ ( YYYY/MM/DD)

Child's Horse Experience: \_\_\_\_\_ N/A \_\_\_\_\_ Pony Ride \_\_\_\_\_ Trail Ride  
\_\_\_\_\_ Lessons

Parent's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Cell Number \_\_\_\_\_

Work Number \_\_\_\_\_

Substitute Pick Up-

If you are not able to pick up your child a note must be given ahead of time to the office naming your replacement

Emergency contact (Please list 2 people)

First: Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

Second: Name \_\_\_\_\_

Relationship \_\_\_\_\_

Cell Number \_\_\_\_\_

**MEDICAL INFORMATION**

Does your child have any allergies \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes please list

Does your child take any medication \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes list

Does your child have any chronic illness \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes list

Has the child been treated recently for medical problems? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes please identify.