



**2018 EVERYTHING HORSE—HORSE CAMP FOR GIRLS
IRON HORSE EVENT CENTER JULY 16-20, 2018**



REGISTRATION FORM – PLEASE SUBMIT WITH DEPOSIT of \$325.00
BALANCE OF \$370.00 MUST BE RECEIVED NO LATER THAN **JUNE 15, 2018**
(Please note the deposit is non-refundable unless spot can be filled)

For additional information on VS Equine and Ruth Altes go to vsequine.com

Name of Camper (please print): _____ Age: _____

School the camper attends and grade completed in June _____

Is the camper attending with a friend? If yes, who _____

Name of parent(s) or guardian(s) (please print): _____

Email: _____ Mailing Address: _____

(PLEASE NOTE: The email address above will be used to communicate additional information about the camp. If this is not an email that will be monitored please provide one that will). Please print clearly.

Phone Number: _____ Secondary phone number: _____

Riding Experience (circle one): Never Ridden Novice Average Advanced

If riding experience: Western _____ English _____

Tee Shirt size (circle): XS S M L XL Youth ___ Adult ___ (check one)

Known food allergies? (if yes, please list): _____

Anything else you'd like to tell us to help customize the camp to our camper, e.g. description of riding experience, food preferences, health issues we should be aware of, etc.?

In signing this registration form you as the parent or guardian have judged your child capable of participating safely and fully in all camp activities.

May we add you to our mailing list for future event Information? Yes _____ No _____

Media Release: By signing this form, you grant VS Equine, LLC, and VS Equine legal representatives, the right to use and publish photographs and/or video of or including your child in brochures, newsletters, web sites, Facebook, slideshows and/or other advertising medium. Photos and video will not be sold commercially.

Upon receipt of this registration form and your deposit additional information will be sent including; where to send final payment, a list of what to bring, sample schedule and menus, camp rules, medical release forms and liability waivers.

Signature of parent or guardian: _____ Date: _____

<p>RETURN TO: KRISTY COTTINI, P.O. BOX 392, BELLA VISTA, CA 96008 with deposit check made out to VSEquine; OR, email to kcottini@frontiernet.net If paying by credit card there will be a \$6.00 additional fee. Please submit following: Name on card _____ Type of card _____ Number _____ Exp. date _____ Security Code _____</p> <p align="center">MORE INFORMATION: 530- 925-2608 ALTERNATIVE PHONE NUMBER: 530-227-4335</p>
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