



**2019 EVERYTHING HORSE—HORSE CAMP FOR GIRLS  
IRON HORSE EVENT CENTER JULY 15-19, 2019**



REGISTRATION FORM – PLEASE SUBMIT WITH DEPOSIT of \$365.00  
BALANCE OF \$365.00 MUST BE RECEIVED NO LATER THAN **JUNE 15, 2019**  
**(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](http://vsequine.com)

Name of Camper (please print): \_\_\_\_\_ DOB: \_\_\_\_\_

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

Experience: Western \_\_\_ English \_\_\_    Tee Shirt size (circle): XS   S   M   L   XL   Youth \_\_\_ Adult \_\_\_

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

Camper will be sleeping with the group under the stars unless a tent is requested below. If a tent is requested, it will be shared. Dressing areas will be provided.

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, need for a tent, 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: \_\_\_\_\_

**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](mailto:kcottini@frontiernet.net) If paying by credit card there will be a \$10.00 additional fee. Please submit following: Name on card \_\_\_\_\_ Type of card \_\_\_\_\_ Number \_\_\_\_\_ Exp. date \_\_\_\_\_ Security Code \_\_\_\_\_**

**MORE INFORMATION: 530- 925-2608    ALTERNATIVE PHONE NUMBER: 530-227-4335**