	HING HORSE— FULL DAY HO VENT CENTER JULY 17 - 21		
BALANCE O (Please note deposit is	RATION FORM – PLEASE SUE F \$275.00 MUST BE RECEIVE non-refundable unless spot can be fille itional information on VS Equine a	D NO LATER THAN J d – cancellations after June 1	UNE 17, 2023 7, will not be refunded)
Name of Camper (please	print):	Age on July	y 17, 2023
Is the camper attending w	ith a friend? If yes, who		
Name of parent(s) or guar	dian(s) (please print):		
Email:	Mailing Address:		
	il address above will be used to co will be monitored please provide o		•
Phone Number:	Secondary pl	none number:	
Riding Experience (circle	one): Never Ridden Novice	Average	Advanced
Please briefly explain how	you arrived at this experience lev	el:	
	tell us to help customize the cam nces, health issues/medication we		
**By request parents will b	e able to drop off kids up to 30 mi	nutes early and pick up k	kids up to 30 minutes late.
In signing this registration safely and fully in all camp	form you as the parent or guardia activities.	n have judged your child	capable of participating
May we add you to our ma	ailing list for future event Information	on? Yes No	
right to use and publish ph	g this form, you grant VS Equine, notographs and/or video of or inclu vs and/or other advertising mediur	iding your child in brochu	ires, newsletters, web
• • •	ration form and your deposit additi of what to bring, sample schedule,		•
Signature of parent or g	uardian:	Date:	
OR, email to kcottini@f	TTINI, P.O. BOX 392, BELLA VISTA, C. rontiernet.net If paying by credit c on card Exp. date	ard there will be a \$10.00	additional fee. Please
Number PLEASE do <u>not</u> scan/photo	Exp. date with phone and text to submit form. E	Security ither send USPS or Scan/Save	code e/and email. Thank you.

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