



2023 EVERYTHING HORSE— HALF DAY HORSE CAMP FOR GIRLS AND BOYS
IRON HORSE EVENT CENTER JUNE 26 - 30, 2023 (8:00 a.m. to Noon daily)**



REGISTRATION FORM – PLEASE SUBMIT WITH DEPOSIT of \$150.00
BALANCE OF \$150.00 MUST BE RECEIVED NO LATER THAN **MAY 26, 2023**
(Please note deposit is non-refundable unless spot can be filled – cancellations after May 26, will not be refunded)
For additional information on VS Equine and Ruth Altes go to vsequine.com

Name of Camper (please print): _____ Age on June 26, 2023 _____

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

Please briefly explain how you arrived at this experience level:

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

Known food or other allergies? (If yes, please list): _____

Anything else you'd like to tell us to help customize the camp to your child, e.g. further description of riding experience, snack preferences, health issues/medication we should be aware of, transportation details, etc.

****By request parents will be able to drop off kids up to 30 minutes early and pick up kids up to 30 minutes late.**

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, 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 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 _____
PLEASE do not scan/photo with phone and text to submit form. Either send USPS or Scan/Save/and email. Thank you.
MORE INFORMATION: 530- 925-2608 ALTERNATIVE PHONE NUMBER: 530-227-4335