BEST SUMMER HORSE CAMP

www.BestSummerHorseCamp.com

REGISTRATION

Child's Name _____ Age _____

Parent Name: _____ Cell: _____

Address: _____

$350/per week early bird discount before March 1, 2023 **$450/per week after March 1, 2023**

Please circle the week(s) your child will be attending.

$100/per week non-refundable deposit to save your child's spot.

Week 1- June 26-30, 2023

Week 2 – July 3-7, 2023

Week 3 – July 10-14, 2023

Week 4 – July 17-21, 2023

Week 5 – July 24-28, 2023

Week 6 – July 31- Aug 4, 2023

Week 7 – Aug 7-11, 2023

Week 8 – Aug 14-18, 2023

Drop off 9am Pick up 4pm Early drop off/late pick up can be available upon request and as space permits for an additional fee of $15/per hour. Remember to pack your child's lunch, drinks, snacks, towel, change of clothes (shorts, t-shirt, swimsuit). Children should wear long pants for riding. Long hair should be neatly contained in low pony tail or low braid(s). Please do not send electronic devices with your child. We are not responsible for lost or damaged items. There are phones on the farm for children to use if they need to make a call.

We respectfully ask that summer balances are paid by June 1, 2023. If you need a different payment plan, please contact us in advance to make those arrangements. No child will be allowed to begin their summer program without the balance being paid prior to the start date.

Please be sure to complete the ONLINE FORMS when you make your deposit including Liability Release, Covid Release and Code of Conduct. No printing required. All forms can be found on the web site under 'FORMS'. Please complete Child Health Form & return with deposit/payment. (attached)

Any online payments are subject to a 3.9% additional fee for online processing. Checks should be made payable to JL PERFORMANCE HORSES and mailed to 2536 Wingdale, Mountain Rd., Poughquag, NY 12570. Questions should be directed to the office on (845) 260-0962.

PLEASE PROMPTLY RETURN REGISTRATION & HEALTH FORM WITH DEPOSIT TO SAVE CHILD'S SPOT

JL PERFORMANCE HORSES

CHILD HEALTH FORM – Please print/type Clearly

Child's Name: _____ Age: _____

Allergies: _____

Medications taken daily: _____

Special Needs: _____

Things we should know about your child: _____

Diet Restrictions: _____

In the unlikely event of an emergency:

Name: _____ Relationship:_____

Phone Number: _____

Name: _____ Relationship:_____

Phone Number:_____

Insurance Company: _____ Policy: _____

Primary Dr: _____ Phone:_____

Hospital choice: _____ VASSAR _____ MID-HUDSON _____ SHARON,CT ____ No Preference

Parent Signature: _____ Date: _____

Print Parent Name: _____

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