

# McFarlane Riding Camp Registration Form

Please place an "X" next to the weeks you would like your child to attend and how many days per week.

JUNE: Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_

JULY: Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_ Week 3: \_\_\_\_\_

AUGUST: Week 1: \_\_\_\_\_ Week 2: \_\_\_\_\_ Week 3: \_\_\_\_\_

3 Day camp: \$80/day, \$240/ week if deposit is made between 1/1/20-2/15/2020 \_\_\_\_\_

(Mon-Wed-Fri) \$90/day, \$270/week if deposit is made between 2/16/202-4/16/2020 \_\_\_\_\_

\$100/day, \$300/week if deposit is made between 4/17/2020/-5/30/2020 \_\_\_\_\_

5 Day/ week camp: \$75/day, \$375/week if deposit is made between 1/1/20-2/15/2020 \_\_\_\_\_

(Mon- Fri) \$85/day, \$425/ week if deposit is made between 2/16/202-4/16/2020 \_\_\_\_\_

\$95/day, \$475/ week if deposit is made between 4/17/2020/-5/30/2020 \_\_\_\_\_

**If you have multiple children attending, you will receive a 10% discount on each additional child**

- **Deposits made in JUNE will be considered late enrollment and charged at the rate of \$110/day for the 3-day program and \$105/day for the 5-day program**

Student's Name(s) and Age(s): \_\_\_\_\_

Student's Experience Level: [ ] Beginner [ ] Intermediate [ ] Advanced

Name of Parent/Guardian (or Self if over 18): \_\_\_\_\_

Address (with zip code): \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**\*\*\* Please indicate the best person to contact in case of an emergency\*\*\***

Emergency Contact and Phone Number: \_\_\_\_\_

Secondary Contact and Phone Number: \_\_\_\_\_

Any Allergies or Medical concerns \_\_\_\_\_

- Camp fees must be paid-in-full one week before camp begins
- A \$50.00 nonrefundable deposit is due at registration to hold your spot.
- Camp fees are not refundable once the camp week has started.
- McFarlane Riding Camp will charge a \$38.00 returned check fee.

Pictures of students are sometimes taken and used in marketing materials for McFarlane Riding Academy. If you would not like your, or your child's, picture used in this fashion, please place an "X" here: \_\_\_\_\_

Printed Name of Parent/Guardian (or Self if over 18): \_\_\_\_\_

Sign and Date: \_\_\_\_\_