



## P.A. DAY CAMP REGISTRATION FORM

Camp Hours: 9:00 am – 4:00 pm

Female  Male

Full Name of Camper: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Number of Years or Months Riding: \_\_\_\_\_

Approx. Height: \_\_\_\_\_ Approx. Weight: \_\_\_\_\_

\*The Camper Health Form and Waiver Form must be submitted with this registration form\*

Parent/Guardian 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Name in case of Emergency: \_\_\_\_\_

Emergency Contact Phone #: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

### P.A Day Camp Sessions

Please check off the sessions that you wish to register your camper for:

January 19<sup>th</sup>, 2024

January 26<sup>th</sup>, 2024

April 19<sup>th</sup>, 2024

June 7<sup>th</sup>, 2024

Previous Riding Experience (check all that apply):

Can lead a horse

Walk and Halt

Walk and Trot

Canter

Trot jumps

Canter jumps

Payment Information:

\*Each session is \$125 + HST per camper\*

How do you wish to pay?    Visa     Mastercard     E-Transfer     Cheque     Cash

\*Please note that there is a 3% processing fee applied when paying by credit card\*

Credit Card #: \_\_\_\_\_ Expiry: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_