



**Horse Day Camp
Summer 2009 ~ Registration Form**

Indicate which session(s) attending

- June 22-26 July 6-10
 July 20-24

Dates are subject to change

Mail your completed registration form
along with a \$100 (non-refundable deposit) to:
Darcy Edwards Training Center
Attn: Horse Day Camp Registration
12307 Willow Road
Lakeside, CA 92040

Camper's Name:		<input type="checkbox"/> Boy
Last _____	First _____	<input type="checkbox"/> Girl
Birth date _____		
Street Address:		City, State, Zip:
Home Telephone:	Mobile Telephone:	Other Telephone:
Father's Name:		Daytime Telephone Number(s):
Mother's Name:		Daytime Telephone Number(s):
Custodial Parent: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> other		

\$100 non-refundable deposit (per session) is due with the enrollment form.

\$350 - one week (Monday-Friday) 9 AM to 2 PM

Amount of payment enclosed \$ _____

I agree to read and understand all registration information - including: health form requirements, liability release form, waiting list/reservation information, and cancellation policy. I certify under the penalty of perjury that my son/daughter has no medical limitation which would impair his/her ability to perform the lessons specified in this day camp. If your child has any impairments or limitations a health care verification form must be filed.

Signature(s):	Date: