



2020 SUMMER RIDING CAMPS REGISTRATION FORM

Camper Name: _____ Nickname/goes by: _____ Age: _____
*summer riding camp is for riders ages 7 - 17 - no experience required!

I am registering for the following camp(s):

- Tuesday, June 23rd through Thursday, June 25th, 9am - 3pm, \$300 per camper
 - Monday, July 20th through Friday, July 24th, 9am - 3pm, \$525 per camper
- *see below for deposit & payment information*

Parents'/Guardians' names: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary & Secondary Phone Number(s): _____

Upon receiving your registration form you will receive a confirmation email from us. Then the week prior to camp, you will receive a detailed email from us on what to wear, bring, expect, etc.

Email(s): _____

Alternate person to contact in case of an emergency (name/relation): _____

His/her phone number(s): _____

Is there anything about your child we should know, such as allergies, medical conditions, learning preferences, etc. to make his/her camp experience an enjoyable one?

Please tell us about any experience you child has with horses: _____

**feel free to continue writing on the back of this form*

PAYMENT: A non-refundable deposit of \$200 per session is required to enroll. Balances will be due prior to camp and are non-refundable unless we are able to fill your spot. Note: If our camp has been filled prior to receiving your registration form, we will inform you and payment will be returned/no charges will be incurred. *Should the COVID-19 restrictions carry over to the summer, we will make every effort to reschedule the riding camps and apply your payment to it. In the unlikely event we cannot reschedule, your payments will be fully refunded.*

Please complete the below according to how you would like to pay:

_____ check **attached to this packet and made payable to Equitate, LLC*

_____ credit card – complete the below **note: your card will be charged one time for the full amount shortly after this form is received and a 3.5% fee will be added to account for credit card fees.*

Credit Card Type: _____ Credit Card #: _____ Exp: _____

CVV: _____ Name on Card: _____

Billing Address: _____

Return your form and payment to: Equitate N87W39389 County Road CW Ixonia, WI 53036

Limited spots available, please sign-up early!