



Horse Lover's Summer Day Camp 2017

This will be our 2nd year at our Stepping Stone Equestrian Facility
1841 Unbridled Way, Blacklick, OH 43004 (614) 864-9500

Registration Form

Camper's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____ Gender (circle) M F

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Best Contact Phone Number: _____ Email Address: _____

Riding Experience (circle one)

- T-Shirt Size**
- ___ Child 10/12
- ___ Child 14/16
- ___ Adult SM
- ___ Adult Med
- ___ Adult Large

- Beginner:** Ridden horses less than 10 times.
- Intermediate:** Taken more than 10 horseback riding lessons; completed FOD ground training class or similar course, can ride at a walk and trot.
- Advanced:** Taken one or more years of horseback riding lessons; can ride at a walk, trot, and canter; can groom, tack, lead, and demonstrate overall control of horses.

Does your child have any special needs or learning disabilities? (circle) Y N

This information must be disclosed prior to camp in order to ensure your camper has a safe experience. Failure to do so may result in removal from camp and forfeiture of camp fees. Students with special needs must be current students of FOD or DOH (\$150 extra).

Camp Dates

Please indicate your 1st, 2nd and 3rd choices
My child would like to be able to attend the same camp as
_____ (insert name of other camper)

- | | |
|-------------------------------|----------------------------|
| ___ May 30-Jun 2* (Show Team) | ___ July 5-7** |
| ___ June 5-9*** (Alumni) | ___ July 10-14 |
| ___ June 12-16 | ___ July 17-21 |
| ___ June 19-23 | ___ July 24-28*** (Alumni) |
| ___ June 26-30 | ___ Jul 31-Aug 4 |
| | ___ Aug 7-11 |

* Due to the shortened holiday week, this camp costs \$320
** Due to the shortened holiday week, this camp costs \$240
** Alumni camp is for current FOD lesson students as well as approved students who have attended more than two past sessions of FOD camp

FOR OFFICE USE ONLY

Application Received _____
Liability Form _____ Medical Form _____
Deposit Received _____ Amount _____ Check # _____

Supervision Beyond Camp Hours

(9am-4pm)
Anticipated drop off/pick up time
(\$5/30 min)

Monday ___ am ___ pm
Tuesday ___ am ___ pm
Wednesday ___ am ___ pm
Thursday ___ am ___ pm
Friday ___ am ___ pm

Payment Due

Registration \$395
Anticipated Sitting \$ _____
Assistance \$ _____
Multi Discount -\$ _____
Total Due \$ _____