



Field of Dreams Horse Lover's Summer Day Camp 2012 Registration Form

Camper's Name: _____ Date of Birth: _____ Gender (circle) M F
 Parent/Guardian Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Email: _____

Riding Experience (circle one)

T-Shirt Size

<p>___ Child 10/12 ___ Child 14/16 ___ Adult Small ___ Adult Medium ___ Adult Large</p>	<p>Beginner: Ridden horses less than 10 times</p> <p>Intermediate: Taken more than 10 horseback riding lessons; completed FOD Cowpoke class or similar course, can ride at a walk and trot</p> <p>Advanced: Taken one or more year or horseback riding lessons; can ride at a walk, trot, and canter; can groom, tack, lead, and demonstrate overall control of horses</p>
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Does your child have any special needs or learning disabilities? (circle) Y N

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)

June	July	August
___ 11-15 (Show*)	___ 9-13	___ 6-10
___ 18-22	___ 16-20	___ 13-17
___ 25-29	___ 23-27	
	___ 7/30-8/3 (Alumni**)	

*Show camp is by invitation only

**Alumni camp is for current FOD lesson students as well as approved students who have attended more than two past sessions of FOD camp.

Supervision Beyond Camp Hours

(9am-4pm)

Anticipated drop off/pick up times
 (\$5/30 min)

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

FOR OFFICE USE ONLY

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

Payment Due

Registration	\$360
Anticipated Sitting	\$ _____
Multi Discount	- \$ _____
Total Due	\$ _____