

**NORTH CREST EQUESTRIAN CENTER
2024 SUMMER CAMP
REGISTRATION**

Name: _____ **Age** _____

Parent Name: _____

Address: _____

Phone: _____

Email: _____

Summer of 2024 Session Dates (Check one):

_____ **June 10 - June 14**

_____ **June 17 - June 21**

_____ **June 24 - June 28**

_____ **July 8 - July 12**

_____ **July 15 - July 19**

_____ **July 22 - July 26**

_____ **August 5 - August 9**

_____ **August 12 - August 16**

A Release/Waiver form needs to be signed by a parent/guardian on the first day of camp.

If a parent/guardian is unable to attend please check the box below and we will e-mail you a Release/Waiver form to sign and send with your child. Children will not be allowed to participate without a signed Release/Waiver form.

_____ **Please e-mail a Release/Waiver form.**

_____ **I have enclosed a check in the amount of \$350.00 payable to North Crest Equestrian Center to hold my child's spot.**

In order to make this camp a positive experience for your child, we would like you to share any information that will help us work with them. If your child has any special needs, we need to discuss accommodating them before camp starts.
