



Blue Dome Equestrian - Day Camp Registration 2011

www.bluedomedesign.com/equestrian 360.753.6190

Please fill out and mail to: Blue Dome Equestrian, 3922 Biscay St. NW, Olympia, WA 98502
Questions? Call or email! Phone (360)753-6190, (360)402-8066 E-mail: bluedomequest@yahoo.com

Please print neatly: First Name

Last Name

Birth Date

Age by camp

Gender

 Male
 Female

Grade completed by Camp

Parent or Guardian Last Name

Parent or Guardian First Name

Parent/Guardian Home Phone

Parent/Guardian Cell Phone

Work Phone

Email address

Home Address

City

State

Zip

Name of Pick-Up person

Cell phone number for Pick-Up person

Week(s) of Camp:

<p>Summer Pony / Art Camp</p> <p><input type="checkbox"/> Week 1: August 8 - 12</p> <p><input type="checkbox"/> Week 2: August 15 - 19</p> <p><input type="checkbox"/> Week 3: August 22 - 26</p>	<p>Horsemanship Camp (Three day session: \$135)</p> <p><input type="checkbox"/> August 28 - 30 (10 - 3:00)</p>	<p>And/or fill in specific days:</p> <hr/>
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* The camp fee is \$195 per child per week (\$55 per day) 9 AM - 3:15 PM. \$225 per week for extended care 7:30 AM - 5:30 PM (\$65 per day).

* The fee includes all program costs, horse handling/riding instruction, professionally trained leadership and all kinds of fun!

Method of Payment: Please enclose payment by check or credit card number.

\$ _____
Amount

Please charge the entire fees to my credit card. By signing below, I agree to pay full fees due. Also note a Pay-Pal invoice will be emailed to you. Please follow the instructions and send an reply email.

I've enclosed a check for full fees.

Visa Mastercard

Credit Card Number

Expiration Date

Cardholder's Signature

PARENT OR GUARDIAN MUST READ AND SIGN BELOW. Appropriate fees must accompany this application. **IMPORTANT:** I certify that my child is healthy, and that, in case of accident or illness Blue Dome Equestrian has my authority to secure and utilize medical attention if unable to communicate with me directly. I understand that there is some inherent risk in activities at camp and accidents sometimes occur. I understand that the camp fee does not include accident insurance and any medical costs incurred shall be covered by the camper family. I understand that no refunds are given if a child leaves camp early or is dismissed for disruptive behavior. I understand that Blue Dome Equestrian is only responsible for my child from 9 AM until 3:15 PM (7:30 until 5:30 - for extended care). I give Blue Dome Equestrian permission to use photos or videos of my child in promotional literature. Cancellations within seven days of camp date will receive no refund.

Parent Signature

Date

Last Name

First Name