

WASHINGTON RIDING STABLES

3701 Bordentown Ave., Sayreville, NJ **Internet:** <http://www.washingtonstables.com> **Email:** help@washingtonstables.com
Mailing Address: PO Box 10131, New Brunswick, NJ 08906-0131 ph (732) 249-2471 ph (732) 545-6220

HORSEMANSHIP SUMMER DAY CAMP 2010 REGISTRATION FORM

Mother/Guardian Name _____ Father/Guardian Name _____

Email Address _____

Mother/Guardian Home Ph# _____ Cell Phone# _____ Work Phone# _____

Father/Guardian Home Ph# _____ Cell Phone# _____ Work Phone# _____

Emergency contact person & ph# (other than parents) _____

Camper's Name _____ Height _____ Weight _____ Age _____

Address/City/Zip _____

Return camper? _____ If yes, how many years attended camp? _____ First time camper? _____

Describe riding experience [prior riding experience is required. Contact the stables office at 732-545-6220 to schedule riding lessons for beginner riders or to verify if your child's riding experience qualifies]

HEALTH HISTORY:

Camper's general health: _____

List any conditions or illnesses: _____

List all allergies and medications: _____

Weekly session dates [program session hours: 9:00am - 3:30pm]

*June 21 - June 25	()	July 26 - July 30	()
June 28 - July 2	()	August 2 - August 6	()
July 5 - July 9	()	August 9 - August 13	()
July 12 - July 16	()	August 16 - August 20	()
July 19 - July 23	()	August 23 - August 27	()

Before/aftercare is available and will be charged to your credit card at a rate of \$15/hr for any portion of an hour before 8:30am and after 4pm.

Select primary and alternate choice weeks above. Example: (1st), (alt 2nd), (alt 3rd) etc.

* June 21 - June 25 is reserved for adults only.

Weekly registration fee: \$438 Sayreville residents: \$219 → [with qualified ID. In-person registration only]

Total amount for all session weeks: \$ _____ Note: a 4.5% service fee will be added to credit card charges

I have enclosed a check/money order or provided credit card [Visa / MasterCard only] information below.

Credit card # _____ - _____ - _____ - _____ Expiration (month/year) ____/____ Security code: _____
(last 3 numbers on back)

Signature: _____ Print name: _____

**Mail to: Washington Riding Stables
Summer Program Registration
PO Box 10131
New Brunswick, NJ 08906-0131**

A photocopy of a Visa/MasterCard must be included with registration for possible before/aftercare charges. Washington Stables reserves the right to cancel any session as deemed necessary.