

**Tall Cedars Farm, Inc.
2012 Summer Equestrian Day Camp
Registration Form**

Student's Name: _____ M or F (Circle One)

Referred By: _____

Level Of Riding Experience (Circle One):

A: None B: Very Little C: Novice D: Intermediate

If any, briefly described your child's riding experience:

Briefly describe your child's swimming experience:

Does your child require any type of Personal Flotation Device: Yes ___ No ___

If yes, what type: _____
(NOTE: This PFD must be supplied by parent.)

Age as of June 1 (this year): _____ Height: _____ Weight: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone:(____) _____ Business Phone:(____) _____

Cell Phone:(____) _____ Fax Number:(____) _____

E-Mail: _____

Best Time To Call: _____

Any special requests: _____

If a riding helmet is needed please check here: _____

Please return registration form along with a **non-refundable** Registration Fee of \$100.00 per student per session. (Payment must accompany this application.) The remaining balance and liability forms must be turned in **NO later than the Monday morning of the session date.**

Please make checks payable to **“Tall Cedars Farm, Inc.”**
 Mail payment and this completed form to...

Tall Cedars Farm, Inc.
11347 Rocky Ridge Road
Glen Allen, VA 23059
(Ph. 804-883-3003 or 804-357-4231)

Pricing: *** Discounts are available for multiple children in the same family. Discounts are also available for signing your child up for four or more weekly sessions.

Program A: **A – 1 Full Day \$300**
 Non – Student **A – 2 Half Day \$250**
 Program B: **B – 1 Full Day \$280**
 Current Student **B – 2 Half Day \$230**
 Program C: **C – 1 Full Day \$245**
 Leasing Student **C – 2 Half Day \$195**

Please check session or sessions you are signing up for ...

√ **Session Dates Check One**

	<u>Session:</u>	<u>Dates:</u>	<u>Check One:</u>	
<input type="checkbox"/>	1	June 18 – 22	Full	Half
<input type="checkbox"/>	2	June 25 - 29	Full	Half
<input type="checkbox"/>	3	July 9 - 13	Full	Half
<input type="checkbox"/>	4	July 16 - 20	Full	Half
<input type="checkbox"/>	5	August 6 - 10	Full	Half
<input type="checkbox"/>	6	August 13 – 17	Full	Half
<input type="checkbox"/>	7	August 20 – 24	Full	Half

Weekly programs run Monday-Thursday 8:30AM-4:00PM & Friday 8:30AM-1:00PM

Do you need morning and/or afternoon care prior to or after clinic hours? Yes_____ No_____

You may drop your child off as early as 7:30 AM and pick up as late as 5:00 PM for an additional fee of \$40.00 per child per session. Friday afternoon extended care is an additional \$20.

(Office Use Only)

Deposit Paid: _____ Check #: _____ Date: _____

Bal. Due: _____