

VALLEY MIST

F A  R M

2024 SUMMER CAMP REGISTRATION FORM

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| <p>Select desired week(s):</p> <p>MINI CAMP \$300</p> <p><input type="radio"/> #1: July 24, 25, 26</p> <p>REGULAR CAMP \$475</p> <p><input type="radio"/> #1: July 8 - 12</p> <p><input type="radio"/> #2: August 5-9</p> <p><i>*Sign up for BOTH regular camp sessions and receive a \$25 discount off your second week!*</i></p> <p>-----</p> <p><input type="radio"/> I am interested in bringing my horse/pony to camp. Please email me details!</p> | <p>Extended Care:</p> <p>-\$20/hour billed at the end of the week -Regular camp only; N/A for Mini camp</p> <p><input type="radio"/> YES, I will need before/after care</p> <p><input type="radio"/> NO, I will not need this service</p> <p>MONDAY: <u> n/a </u> to _____</p> <p>TUESDAY: _____ to _____</p> <p>WEDNESDAY: _____ to _____</p> <p>THURSDAY: _____ to _____</p> <p>FRIDAY: _____ to <u> n/a </u></p> | <p>How did you hear about us?</p> <p>VMF's "Refer a NEW friend program"</p> <p><i>Did someone spread great word about our program that encouraged you to sign up? If so, please let us know who! We'd like to thank them by gifting them a \$15 credit toward their child's 2024 camp session for each <u>new</u> friend they get to sign up.</i></p> |
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CAMPER INFORMATION

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| Camper Name: | | | |
| Age: | | | |
| Height/Weight: | | | |
| Guardian Name(s): | | | |
| Email (for camp registration confirmation): | | | |
| Address: | | | |
| Cell Phone #: | | | |
| Work/Emergency Phone #: | | | |
| Riding Experience Level: | Beginner | 1-2 years | 3+ years |
| <i>*Please explain above</i> | | | |
| Anything else we should know about? | | | |

SIGN-UP DIRECTIONS:

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| <ol style="list-style-type: none"> 1. Print & fill out one (1) form per camper 2. Attach the \$100 non-refundable (deposit per camp week) made payable to: <u>Meghan Hunter</u> 3. Mail form(s) and deposit(s) to: VMF Summer Horse Camp Attn: Meghan Hunter 122 Dove Drive Gilbertsville, PA 19525 |
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