## 2024 Horse Camp

Registration Form

12889 Parker Ave., Pine, CO 80470

www.CentaurRising.org/page/horse\_camps.html

kris@anchoragefarm.com 303 847-9862 Kris' cell/text



Camper's Name:					
Street Address:	Circle the rate	to the ric	aht of the se	ession(s	a) vou
City, State, Zip:	wish to attend. Return a \$100 deposit for each week selected. LKC = Little Kids' Camp				
Home Phone:	week selected	I. LKC =	Little Klas	Camp	
Birth Date: School:	The registration of camp. There				
Mother's Name:Day Phone:	after the registra			gistration	is received
Father's Name:Day Phone:					
E-mail Address:		LKC	LKC	Doois	Intensive
If the person responsible for payment is not above or if his/her address		half day AM PM	<u>LKC</u> all day	basic	<u>Intensive</u>
is different, please check here and clarify on the back of this form. $\hfill\Box$	June 11-13	\$250	\$450	¢275	\$475
Deposit enclosed \$ □ cash □ check □ bank card	June 18-20	\$250 \$250	\$450 \$450	\$375 \$375	\$475
□ Venmo □ PayPal	June 25-27	\$250	\$450	\$375	\$475
Use <a href="mailto:kris@anchoragefarm.com">kris@anchoragefarm.com</a> as the recipient for PayPal and @Centaur-Rising for Venmo.	July 16-18	\$250	\$450	\$375	\$475
Credit Card#:	July 23-25	\$250	\$450	\$375	\$475
Expiration: Security Code:	July 30-Aug 1	\$250	\$450	\$375	\$475
Expiration: Security Code:					
Name of Card Holder:					
Signature:					
Do you authorize us to use this card to pay the balance due on the first day of camp? $\qed$ yes $\qed$ no					
Please plan for your camper to be here from 9:00 am to 3:00 pm each day made available from 7-9am and/or from 3-6pm for those who circle "AM" of PM circled.			e add \$15 for	each AM	and each
What time can we expect you to bring your child in the morning What time can we expect you to pick your child up in the ever Are you in a position to help neighboring campers get to/from	ning?	□ no	Tues Wed	AM AM	<u>e Needed</u> PM PM PM
What else do we need to know to make your child's experience a		_ 110	Titale	, , , , , , , , , , , , , , , , , , ,	1 141
Title cloc do we need to know to make your orma's expendence to	most rewarding o	ne?			
	a most rewarding o	one?			
Medical: Known allergies or medical conditions we should be					
	aware of:	nild should t	he need arise. I for promotion	al purpose	□ yes □ no
Medical: Known allergies or medical conditions we should be I authorize Centaur Rising to arrange for emergency medical transport and	aware of:d treatment for my che participating in camp child not iden	nild should to to be used	he need arise. I for promotion me	al purpose	□ yes □ no es □ yes □ no
Medical: Known allergies or medical conditions we should be I authorize Centaur Rising to arrange for emergency medical transport and I give my permission to have photographs, drawings or videos of my child Payment: The enrollment deposit for all camps and all campers is \$1	aware of: d treatment for my charticipating in campachild not idea 00 per session of ca	nild should to be used natified by na	he need arise. I for promotion Ime Iance is due o	al purpose	yes no es no es no day of camp.
Medical: Known allergies or medical conditions we should be I authorize Centaur Rising to arrange for emergency medical transport and I give my permission to have photographs, drawings or videos of my child	aware of: d treatment for my child not iden 00 per session of ca for any reason. You of your change in per a parent conferen.	nild should to to be used the best of the	he need arise. I for promotion Ime Iance is due o Ole to transfer	al purpose n the 1st c your credi	yes no es pes no day of camp.
Medical: Known allergies or medical conditions we should be I authorize Centaur Rising to arrange for emergency medical transport and I give my permission to have photographs, drawings or videos of my child Payment: The enrollment deposit for all camps and all campers is \$1  Refunds: No cash refunds will be made in the event of cancellation week, to another person or to traditional riding lessons if we are notified above or if the cancellation is of an emergency nature. Any child who, after	d treatment for my characteristics and another any reason. You of your change in per a parent conference given.  e acts. They may streets and ATSM-appropriate and ATSM-appropriate and activities - due to the propriate activity at your outline activities - due	mild should to to be used to the per un risk and to the inher	he need arise. If for promotion Ime  Iance is due of the registrates to be unwilling rear, kick, bite g helmets are strongly advise formance of a that, under Coverent risks of su	al purpose  n the 1st c  your credi ion deadl ig or unab  or run aw recomme e the purc ny helmet lolorado la ch activitie	yes no