

DUZAN

Riding Academy

2017 Summer Camp Registration

Register Online at www.duzanridingacademy.com!

Return Registration and Payment to :

Duzan Riding Academy
14191 State Road
Ostrander, Ohio 43061

Or Email to:

Info@duzanridingacademy.com

Office Use Only:

Postmark Date: _____

Early Registration: _____

Payment: _____

Check Number: _____

Date of Payment: _____

Liability Waiver on file: _____

Confirmation Email Sent: _____

1. Camper Information

Child's Name: _____ Date of Birth: _____ Gender: M F

Parent Names: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Allergies, Medical Conditions, Social/Behavioral Issues we should know about: _____

How did you learn about our camp? _____

Please describe your child's experience with horses. _____

2. Extended Hours

Monday _____am _____pm

Tuesday _____am _____pm

Wednesday _____am _____pm

Thursday _____am _____pm

Friday _____am

Notes:

4. Camp Dates

Please indicate your first and second choice of camps.

_____ Little Horse Lovers June 26-30 (\$300)

_____ Beginner One June 5-9

_____ Beginner One July 3-7

_____ Beginner Two June 12-16

_____ Beginner Two July 10-14

_____ Intermediate July 17-21

_____ Pony Club June 19-23

_____ Equestrian Team Bootcamp July 31-August 4

3. Summer Camp T-Shirt Size

Child 6/8 _____ Child 10/12 _____ Child 14/16 _____

Adult S _____ Adult M _____ Adult L _____

5. Payment Information

Number of camps x \$350 or \$300 LHL + _____

Additional \$25 for Eq Team /Pony Club + _____

Extended Hours \$5/half hour: + _____

Extra Camp Shirt \$12 + _____

Late Registration (after 5/31) +\$10: + _____

Subtotal: = _____

Add 3% of subtotal for credit card: + _____

Total Owed: = _____

Please check your method of payment:

_____ Check: # _____ Amount Enclosed: _____

_____ Pay by credit card. We will contact you to get your information.