

DUZAN

Riding Academy 2015 Spring Break Camp Registration

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: _____

Please describe your child's experience with horses. _____

2. Camp Dates

Choose a week:

_____ March 16—19

_____ March 30—April 2

*Registration due by March 10.

3. Payment Information

Spring Break Camp \$275

Add 3% of subtotal for credit (if applicable): + _____

Total Owed: = _____

Please check your method of payment:

_____ Check: # _____ Amount Enclosed: _____

_____ Pay by credit card. We will send you a paypal invoice.