

# WHOA-TWHBEA

## 2008 SUMMER YOUTH RIDING CAMP REGISTRATION FORM

JUNE 10-14, 2008  
MONTVERDE, FL



**MONTVERDE ACADEMY**  
Since 1912

Please fill in the information below and place a check mark beside each requirement as you place it in your envelope for mailing or faxing.

- Youth Camp (Kids 9-17)** **\$395**
- Day Camper (Kids 7-8 that stay with parent or guardian each night)** **\$325**
- Round Trip Bus Fair** **\$60**
- Boarding Your Horse For The Week** **\$60**

Name of Camper \_\_\_\_\_ Age \_\_\_\_\_

Email Address \_\_\_\_\_

Type of Riding Experience \_\_\_\_\_

### ONLY 40 CAMPERS WILL BE ACCEPTED

Make sure you have included all required information

**Registration Form** \_\_\_\_\_

**Emergency Treatment Authorization** \_\_\_\_\_

**Copy of Insurance Card** \_\_\_\_\_

**Release and Hold Harmless Agreement** \_\_\_\_\_

**Tee Shirt Size (circle one) XS S M L XL**

I would like to pay a non-refundable Deposit of \$100 to hold my child's placement in the camp. The balance will be paid by May 1, 2008.

**Campers are responsible for their own belongings. I understand that my child will be subject to all disciplinary rules and that I will be held liable for damage to dorm rooms and Montverde Academy property.**

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**ASTM certified helmets are MANDATORY when handling or riding a horse**

Check # \_\_\_\_\_ TOTAL DUE \$ \_\_\_\_\_ AMOUNT PAID \$ \_\_\_\_\_

Visa  MC Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

For more information contact Mark Taylor at 615-494-8824

**WALKING HORSE OWNERS' ASSOCIATION**  
PO BOX 4007, MURFREESBORO, TN 37129  
TELEPHONE: 615-494-8822 FAX: 615-494-8825  
[WWW.WALKINGHORSEOWNERS.COM](http://WWW.WALKINGHORSEOWNERS.COM)