

# WHOA-TWHBEA



## 2009 SUMMER YOUTH RIDING CAMP REGISTRATION FORM

JUNE 10-13, 2009- AGES 11& UNDER

JUNE 14-19, 2009- AGES 12-17

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 12-17) \$395**
- Day Camper (Kids 11& Under that stay with parent or guardian each night) \$325**
- Boarding Your Horse For The Week \$80**

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

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 15, 2009.

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 \_\_\_\_\_

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

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**  
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