



Horse Day Camp
Summer 2010 ~ Registration Form

Indicate which session(s) attending
[] July 19-23 [] July 26-30
[] August 2-6 [] August 9-13

Dates are subject to change

Mail your completed registration form
along with a \$100 (non-refundable deposit) to:
Darcy Edwards Training Center
Attn: Horse Day Camp Registration
11135 Moreno Ave
Lakeside, CA 92040

Camper's Name: Last First [] Boy [] Girl Birth date

Street Address: City, State, Zip:

Home Telephone: Mobile Telephone: Other Telephone:

Father's Name: Daytime Telephone Number(s):

Mother's Name: Daytime Telephone Number(s):

Custodial Parent: [] Both Parents [] Father [] Mother [] other

\$100 non-refundable deposit (per session) is due with the enrollment form.
[] \$350 - one week (Monday-Friday) 9 AM to 2 PM
Amount of payment enclosed \$

I agree to read and understand all registration information - including: health form requirements, liability release form, waiting list/reservation information, and cancellation policy. I certify under the penalty of perjury that my son/daughter has no medical limitation which would impair his/her ability to perform the lessons specified in this day camp. If your child has any impairments or limitations a health care verification form must be filed.

Signature(s): Date:

