



**Horse Day Camp
Winter 2011 ~ Registration Form**

December 19 ~ 23

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:		<input type="checkbox"/> Boy	Birth date _____	
Last _____	First _____	<input type="checkbox"/> Girl		
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: <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> other				

\$100 non-refundable deposit (per session) is due with the enrollment form.

\$300 - 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:
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