

GOLDEN GAIT STABLES
EqueStrian Program—Registration Form

Camper's Name: _____

Camper's Nickname: _____ Age: _____

Parent or Guardian's Names: _____

Camper's Address: _____

Contact Phone Number (enter below):

Name: _____ Number: _____

Name: _____ Number: _____

Do you Text? Yes No Best number to Text You at?

Email address of parent: _____

EMERGENCY CONTACT:

Name: _____

Phone Number: _____ Relationship: _____

Family Doctor: _____ Doctor Phone Number: _____

Special Needs:

Please list any allergies and the reaction your child has:

Any Medications or Special Dietary Needs:

Any special information our staff should know that will enable your child to have the best experience: _____

Registration:

Session 3 weeks—\$750 _____ 1 week—\$275 _____ 1 Day—\$65 _____

NON REFUNDABLE—Deposit:
(\$400 per session / \$150 per week / \$35 per day)

Balance Due on or before first day of camp

\$.....

Signature of parent / guardian _____

I (parent/guardian print) _____ have read the Florida Equine Statute and the Golden Gait Riding Stable Release Form and consent to (child name print) _____ attending horse camp at Golden Gait Riding Stables. (Signature) _____.

