

Camp.

Date:___

Pacific Coast Camp Application 2020

Name	
Last name	
Date of birth	
Email address	
Phone number	
Address	
Parent's Name	
Emergency #	
Please use additional paper if needed and attach to the application. (Note any allergies including food allergies)	
T- Shirt Size: (Circle one). One shirt is included additional shirts @ \$20.00 each.	
Ch. Med. Ch. Lg. Ad Sm. Ad Med. Ad Lg. Extra Shirts size	
Week(s) desired:_	
First Choice: Date	es: Second Choice:
Camp Week Dates: Full Day Camp Fee \$475.00 per week \$900.00 for 2 weeks. Half Day Camp Fee: \$245.00 per week \$450.00 for two weeks	
Week 1: June 1-5,2020 Week 2: June 8-12, 2020 Week 3: June 15-19, 2020 Week 4: June 22-26, 2020 Week 5: July 13-17, 2020 Week 6: July 20-24, 2020 Week 7: August 10-14 2020	
Camp Information: - A deposit must accompany each application. Full day \$200.00/ Half Day \$100.00 - There is a \$50 cancellation fee. - Camps are filled on a first come first served basis. - No riding experience needed. - Bring tennis shoes for exercise, dance and yoga. - Bring lunch, water and sunscreen. - Liability release must accompany the application.	
Accepting the fore mentioned above, I apply for the my child to attend PCV equestrian Vaulting	

_____Parent/Guardian Signature:___