**WOODLAND HORSE CENTER, INC.**

**16301 New Hampshire Ave., Silver Spring, MD 20905 PH: 301-421-9156 FAX: 301-421-9049**

**EMAIL:** [**woodlandhorsecentercamp@gmail.com**](mailto:woodlandhorsecentercamp@gmail.com)[**www.woodlandhorse.com**](http://www.woodlandhorse.com)

***2023 MINI-DAY CAMP REGISTRATION FORM***

**CAMP HOURS: 9AM-3PM**

**OPEN TO AGES 8 - 16**

**NO Extended Care**

**COST PER DAY $135**

**\*\*\*OPEN TO CURRENTLY ENROLLED STUDENTS \*\*\*FULL PAYMENT IS DUE AT TIME OF REGISTRATION**

**Please check day(s) which camper is attending below:**

 **Monday, February 19**

** Wednesday, April 10**

** Monday, April 22**

** Tuesday, May 14**

 **Friday, June 14**

** Monday, October 9**

** Wednesday, November 1**

**Wednesday, November 22**



** Tuesday, January 2**

** Monday, January 15**

 **Monday, January 29**

**PAYMENT INFO:**

# of Mini Camp days \_\_\_\_\_\_\_\_\_

X $135 per day \_\_\_\_\_\_\_\_\_

GRAND TOTAL \_\_\_\_\_\_\_\_\_

**PAYMENT METHOD:**

 CC

Check #\_\_\_\_\_\_\_\_\_\_\_\_



**PAYMENT DATE:** \_\_\_\_\_\_\_\_\_\_\_\_

FULL PAYMENT IS DUE AT TIME OF REGISTRATION.

**RIDER’S INFORMATION:**

**Rider’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Birth date of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Sex: M F NB**

**If Minor, Parent or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_**

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RIDING EXPERIENCE (please circle): NONE WALK TROT/JOG CANTER/LOPE JUMP**

**RELEASE INFO:** Check appropriate space and provide names, if applicable.

\_\_\_\_\_\_\_\_\_\_\_ NO ONE except the parent/guardian should be allowed to pick up the child from this program.

\_\_\_\_\_\_\_\_\_\_\_The following persons are authorized to pick up the child from the program and/or be reached during an emergency. List names, relationship, phone number

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please PRINT the name and age of rider and, if a minor, the name of parent or guardian**

Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Parent or Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** STATE OF MD REQUIRES 2

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_