

APPLICATION FOR DAY CAMP 2009 at WES Equestrian School

A separate application is required for each camper. Please print clearly.

CAMPER'S NAME: _____

AGE: _____ HEIGHT: _____ WEIGHT: _____ LBS.

PARENT NAME: _____

ADDRESS: _____

HOME PHONE#: _____ business: _____

PARENTS PHONE#: cell _____ Email: _____

EMERGENCY #: name: _____

phone: _____

PLEASE EXPLAIN IN FULL DETAIL ANY RIDING / HORSEMANSHIP EXPERIENCE

FEARS: _____

FAMILY DOCTOR: _____ PHONE #: _____

HOSPITAL OF CHOICE: _____

HEALTH CARD #: _____

MEDICAL PROBLEMS: _____

SESSION - JULY 13 _____ JULY 20 _____

AUG. 10 _____ AUG. 17 _____

DO YOU REQUIRE EXTENDED HOURS @\$30 per week or \$6/day? _____

DO YOU REQUIRE HELMET RENTAL @\$25 per week? _____

PLEASE FORWARD A \$100. DEPOSIT
AT TIME OF REGISTRATION TO:
Warden Equestrian School Ltd.
Mailing Address: 14 COULTICE DRIVE,
STOUFFVILLE ONTARIO L4A 7X3
FAX Registration: 647 436-7692

1 WEEK CAMP	\$325.	_____
Helmet rental	\$ 25.	_____
Extended care	\$ 30.	_____
G.S.T. 5%	\$	_____
Total	\$	_____

BALANCE IS DUE THE MONDAY A.M. OF EACH SESSION BOOKED. NO REFUNDS.

OFFICE USE ONLY DEPOSIT CHEQUE RECEIVED # _____ HELMET _____ EXT. C. _____

SESSION _____ BALANCE DUE \$ _____ DATE _____

CHEQUE # _____ DATE _____

Warden Ave. at Bloomington Rd. 1 light east of Hwy 404
FOR FURTHER INFORMATION PLEASE CALL
WES Equestrian School at 905 888-9993
Visit us on the web at www.wesequestrian.ca
or email us at info@wesequestrian.ca

