

SUNNYMIST FARM, 18625 Main Road,
Mattituck, NY 11952

www.sunnymistfarm.com

e-mail: sunnymistfarm@yahoo.com

Children's Program Administrator:
Joanne: 631-848-9852



SUMMER RIDING CAMP 2018 REGISTRATION FORM

Please complete this registration form and return with your full payment

Please make checks out to Sunnymist Farm.

*Completed registration packets may be e-mailed to sunnymistfarm@yahoo.com,
dropped off at the farm or mailed to: **Sunnymist Farm, PO Box 1244, Cutchogue, NY 11935***

Name of Child: _____ Age: _____ DOB: _____
Parent/Guardian Name: _____
Home Address: _____
e-mail: _____ Cell: _____ Home Phone: _____
Health Insurance Provider: _____ Tel: _____
Responsible Party: _____ Policy #: _____

Camp Programs: PONY CAMP: 8:30AM-12:15PM; EQUESTRIAN CAMP: 12:30PM-4:15PM

Cost/Session: Early Bird: **\$210** if paid by **May 15th**; **\$285** if paid **after May 15th**

Supplemental program fees: PONY CAMP INTENSIVE: Early bird **\$140** if paid by **May 15th**; or **\$190** if paid **after May 15th**; WEDNESDAY FIELD TRIP: **\$60** (Note: Supplemental programs cannot be purchased without a full camp registration).

Discounts: Sibling discount: Save **\$15/session**; Multiple session discount: Save **5% on any additional sessions**.
Discounts cannot be combined and may not be applied to early bird pricing.

1) CHOOSE a CAMP: Pony Camp (Age 5-11) – All sessions Equestrian Camp (Age 11-13) – Sessions 2 & 5 only
2) ANY SUPPLEMENTAL Programs (Optional)? Pony Camp Intensive –Session 3&4 only Wednesday Field Trip (Horse show)

3) CHOOSE Desired SESSION (please circle your desired session/sessions):

#1: Jul 2-6 #2: Jul 9-13 #3: Jul 23-27 #4: July 30-Aug-4 #5: Aug 6-10 #6: Aug 13-17

4) **Payment Amount Enclosed:** _____ **Form of payment** Cash ___ Check ___ Credit Card ___
- **If Credit Card, which type?** Visa/MC/Amex/Discover **Name of Cardholder:** _____
Credit Card#: _____ **Expir Date:** _____ **CCV (Security) Code:** _____

5) How much riding experience does your child have? Please check all that apply:

- Never ridden a horse before
- Taken pony rides with assistance from a horse handler
- Attended Pony Camp—if yes, how many years: _____
- Taken private lessons—if yes, for how long? _____
- Ridden without assistance—if yes, indicate level: I am able to: walk / trot / canter / jump fences

6) Does your child have any allergies or other health conditions that we should be aware of? YES / NO

If YES, please describe below: _____

7) **Emergency Contacts:** In the event of accident, illness, or medical emergency, we will administer first aid to your child and contact 911, if necessary. If we are unable to reach you, please provide two individuals to notify during camp hours:

1) _____ 2) _____

8) May anyone other than the Parents/Guardians of the student rider pick up your child from class? If so, please list their names and contact information here:

1) _____

2) _____

9) May we include your child in photos which may be used for marketing purposes? We will not identify your child by name. YES / NO

Parent Signature

Today's Date