## Tall Cedars Farm, Inc. - 2025 Equestrian Day Camp Registration Form

Student's Name:		Male 🗌 Fem	nale 🗆
Date of Birth :/	Age (as of June 1 this year): F	Height: Weight	:
Address:	City:		
State: Zip Code:	<del></del>		
Home Phone:	Cell Phone:		
Business Phone:	E-Mail:		
Best Time To Call:			
Referred By:			
Level Of Riding Experience (Select Of If any, briefly described your child's riding	One) None	ice  Intermediate  Intermediate  Intermediate	
Any special requests:			
If a riding helmet is needed please check here   Please return registration form along with a non-refundable Registration Fee of \$100.00 per student per session. (Payment must accompany this application.) The remaining balance and liability forms must be turned in NO later than the Monday morning of the session date. Please make checks payable to "Tall Cedars Farm, Inc." Mail payment and this completed form to:  **Tall Cedars Farm, Inc. 11347 Rocky Ridge Road Glen Allen, VA 23059 (Ph. 804- 357-4231 or 804-839-8149)**			
Pricing:	Nocky hidge houd dien Allen, VA 2303	9 (FII. 804-337-4231 01 80-	039-0149)
Program A Non – Student :	Program B Current Student :	Program C Leasing Student :	
A – 1 Full Day \$490 A - 2 Half Day \$425	B – 1 Full Day \$435 B - 2 Half Day \$375	C – 1 Full Day \$390 C - 2 Half Da	y \$340
*** Discounts are available for multiple childre Session Dates: Please check the dates and	en in the same family. Discounts are also available d circle session(s) you are signing up for	for signing your child up for four or	more weekly sessions.
$\square$ June 9–13 <i>Full</i> $\square$ / <i>Half</i> $\square$	$\square$ June 16—20 <i>Full</i> $\square$ / <i>Half</i> $\square$	□June 23–27 <i>F</i>	Full□/ Half□
☐ July 7–11 Full☐/ Half☐	$\square$ July 21–25 <i>Full</i> $\square$ / <i>Half</i> $\square$	☐ July 28–August 1 F	Full□/ Half□
SUMMER program	ms run <u>Monday-Thursday 8:30 AM - 3:00 PM</u>	& <u>Friday 8:30 AM - 1:00 PM</u>	
-	ng and/or afternoon care prior to or after s 7:30 AM and pick up as late as 4:00 PM for ar <b>No extended care on Friday afterno</b>	n <u>additional fee of \$40.00 per chi</u>	ld per session.
Office Use Only			
Check #: Date:	Deposit Paid:	Bal. Due:	