

Tall Cedars Farm, Inc. - 2023 Equestrian Day Camp Registration Form

Student's Name: _____ M or F (Circle One)

Date of Birth : ____/____/____ Age (as of June 1 this year) : _____ Height: _____ Weight: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ E-Mail: _____

Best Time To Call: _____

Referred By: _____

Level Of Riding Experience (Circle One) **A: None B: Very Little C: Novice D: Intermediate**

If any, briefly described your child's riding experience:

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. 804-883-3003 or 804- 357-4231)

Pricing:

Program A Non – Student :

A – 1 Full Day \$435 A - 2 Half Day \$370

Program B Current Student :

B – 1 Full Day \$380 B - 2 Half Day \$320

Program C Leasing Student :

C – 1 Full Day \$335 C - 2 Half Day \$285

*** Discounts are available for multiple children in the same family.

Discounts are also available for signing your child up for four or more weekly sessions.

Session Dates:

Please check the dates and circle session(s) you are signing up for ...

June 12–16 *Full / Half* June 19–23 *Full / Half* June 26–30 *Full / Half*

July 10–14 *Full / Half* August 24–28 *Full / Half* July 31–August 4 *Full / Half*

SUMMER programs run ***Monday-Thursday 8:30 AM - 3:00 PM & Friday 8:30 AM - 1:00 PM***

Do you need morning and/or afternoon care prior to or after clinic hours? Yes No

You may drop your child off as early as 7:30 AM and pick up as late as 4:00 PM for an additional fee of \$40.00 per child per session.
No extended care on Friday afternoon.

Office Use Only

Check #: _____ Date: _____ Deposit Paid: _____ Bal. Due: _____