

# Spring Valley Full Day Registration – 2010

Rec'd date \_\_\_\_\_

Confirm Date \_\_\_\_\_

Deposit Rec'd \_\_\_\_\_

Please register my child for: (circle desired session)

Session I	July 5-9	Session IV	July 26-30
Session II	July 12-16	Session V	August 2-6
Session III	July 19-23	Session VI	August 9-13
		Session VII	August 16-20

Student's Second Choice: SESSION \_\_\_\_\_

Student's Name \_\_\_\_\_

Sex \_\_\_\_ Age \_\_\_\_ Has he/she attended the horsemanship program at Spring Valley before? \_\_\_\_

Parent/Guardians Names \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**PLEASE REGISTER EARLY.** Registration forms and a \$200 non-refundable deposit must be received for each child for each session of the program by May 15, 2010 to ensure your space in the program. No spaces will be held without the full deposit. Final balance is due June 1, 2010. Any returned checks will be assessed a \$20 charge. There will be a \$25 late fee for any balances received after 6/1/2010

**REFUND POLICY:** In anticipation of student's attendance in our program, various expenses are being incurred in his/her behalf. Among others, these include supplies, equipment, registration costs and staffing costs. Accordingly, there is a non-refundable deposit of \$200.00. A refund may be given on the program fee, minus the deposit, if notification in writing of a student's withdrawal is received at least three weeks prior to the program session or if the student is medically unable to attend the program. (Need a doctor's note) A full refund will be given only if we are unable to place you in the desired session choices.

I DO UNDERSTAND that my child is required to wear safety head gear that I shall provide. Spring Valley is granted the right to use any and all pictures taken of camp activities in their publication of materials for the promotion of Spring Valley activities. I agree to place him/her in the care of the camp, subject to all its rules and regulations.

Signed \_\_\_\_\_

RETURN FORM TO: Spring Valley Equestrian Center, 56 Paulinskill Lake Road., Newton, NJ 07860 (973) 383-3766

CONFIRMATION PACKET will be sent to you upon receipt of registration form.