

Spring Valley Half Day Registration – 2010

Rec'd date _____

Confirm Date _____

Deposit Rec'd _____

Please register my child for: (circle desired session)

Session A July 5-9 (9-12PM)

Session B July 5-9 (1-4PM)

Session C July 12-16 (1-4PM)

Session D July 19-23 (1-4PM)

Session E July 26-30 (9-12PM)

Session F

Session G

Session H

Session I

Session J

July 26-30 (1-4PM)

August 2-6 (1-4PM)

August 9-13 (1-4PM)

August 16-20 (9-12PM)

August 16-20 (1-4PM)

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 \$125. 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 \$125.00. 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 or rent from Spring Valley at \$15/week/child. (Only available for half day sessions) 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.