



**2018 Dreams on Horseback Summer Camps**  
 Available for current DOH Therapeutic Riding Lesson (TRL) Students

## Registration Form

Camper's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_ Gender (circle) M F  
 Best Contact Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Weekly Summer Camps** - Current TRL riders are invited to attend our Summer Riding Camp. Camps are set up in 4 week sessions with 1 camp day each week. Activities will include riding, horse care, and crafts. Campers should bring a sack lunch and water bottle. Sessions must have at least three campers to operate. Campers may attend both days of any given session, but craft activities will be repeated. Campers must be 5 years or older and have instructor approval. **Cost - \$220 per monthly session.**

**Celebrate Independence! 2-day TRL Summer Camps** - Current TRL riders can experience full day horse camp. The daily schedule will include horse and barn care, grooming, riding, lunch (bring a packed lunch daily), horse related education activities, and crafts. Students must be 8 years or older, need no more than one support person when riding, and be recommended by their TRL instructor. Sessions must have at least three campers to operate. Students may register for both 2-day camp sessions but crafts may be repeated. **Cost - \$275 per 2-day session.**

**SELECT DESIRED CAMP(s)**  
**\$50 deposit required for each camp**

**Weekly Camp Sessions - \$220/session**

Wednesdays 9:00am-11:30am  
 \_\_\_\_\_ Session 1 - June 6, 13, 20, 27  
 \_\_\_\_\_ Session 2 - July 11, 18, 25, Aug 1

Thursdays 9:00am-11:30am  
 \_\_\_\_\_ Session 1 - June 7, 14, 21, 28  
 \_\_\_\_\_ Session 2 - July 12, 19, 26, Aug 2

**Celebrate Independence! 2-day TRL Camps - \$275/session**

\_\_\_\_\_ Session 1 - July 2 & 3 9:00am-4:00pm  
 \_\_\_\_\_ Session 2 - July 5 & 6 9:00am-4:00pm

**T-Shirt Size**

\_\_\_ Child 6/8                      \_\_\_ Adult Sm  
 \_\_\_ Child 10/12                  \_\_\_ Adult Med  
 \_\_\_ Child 14/16                  \_\_\_ Adult Large

**Payment Due**

**Deposit per Session                      \$ 50.00**

Amount per Weekly Session \$ \_\_\_\_\_

Amount per Celebrate  
 Independence Session                      \$ \_\_\_\_\_

Total Due    \$ \_\_\_\_\_

**FOR OFFICE USE ONLY**

Application Received \_\_\_\_\_  
 Liability Form \_\_\_\_\_ EMR \_\_\_\_\_ Health Hist. \_\_\_\_\_  
 Deposit Received \_\_\_\_\_ Amount \_\_\_\_\_ Check # \_\_\_\_\_  
 Other payments Received \_\_\_\_\_