

# Summer Camp 2017 Registration Form

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_

work home cell

work home cell

Alternate Emergency Contact Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of Person(s) Allowed to Pick Up Child:

\_\_\_\_\_ DL # \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ DL # \_\_\_\_\_ Phone \_\_\_\_\_

## Weeks Attending (check all that apply):

\_\_\_\_\_ June 5-9 (Wk1) \_\_\_\_\_ June 12-16 (Wk2) \_\_\_\_\_ June 19-23 (Wk3)

\_\_\_\_\_ June 26-30 (Wk4) \_\_\_\_\_ July 10-14 (Wk5) \_\_\_\_\_ July 17-21 (Wk6)

\_\_\_\_\_ July 24-28 (Wk7) \_\_\_\_\_ July 31-August 4 (Wk8) \_\_\_\_\_ August 7-11 (Wk9)

\_\_\_\_\_ August 14-18 (Wk10)

Amount Paid\* \_\_\_\_\_ Check # \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Billing Zip \_\_\_\_\_ Name as appears on card \_\_\_\_\_

Signature: \_\_\_\_\_

\*Payment must be received **in full** to ensure reservation. Fees will not be pro-rated. Capricorn retains 20% on all transactions. Absolutely no refunds after the first day. Make checks payable to Capricorn Equestrian.

\*\*Please note: A liability and medical release form will need to be completed by parent/legal guardian for every camper.

Mail form(s) and payment to:

**Capricorn Equestrian Center**  
**6101 Ben Road**  
**Sachse, TX 75048**