

Spring Break Registration Form

Name (last) _____ (first) _____ Birthdate _____

Address _____ City _____ Zip _____

Parent or Legal Guardian _____

Home Phone # _____ Work Phone # _____

Email _____

Emergency Contact _____ Phone # _____

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

_____ Driver's License # _____

_____ Driver's License # _____

Days Attending (check all that apply):

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____ All Week ____

Amount Paid* _____ Check # _____

Credit Card _____

(Please include card name, number and expiration date)

Signature: _____

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

Please note: A [liability and medical release form](#) will need to be completed by parent/legal guardian on the first day of registration.

Mail form(s) and payment to:

Capricorn Equestrian Center
6101 Ben Rd
Sachse, TX 75048