

Westminster Farm Summer Camp 2022 Registration Form

Welcome Campers! Please complete this Registration Form and the attached Release Form and mail with a \$100 deposit to: Westminster Summer Camps c/o Westminster Farms, 2730 Regatta Way, Tuscaloosa, AL 35406 or email to Emmie Christie at:

ecperformancehorses@gmail.com 205-861-7219

-Please make checks payable to Westminster Farm. Please email forms to Emmie.

-We do accept Visa/MC/Disc/Amex for your convenience. Please provide name of cardholder, account number, and Exp Date (MM/YY)/

-Deposit amount (\$100.00) will be processed upon receipt of registration. The balance will be processed the day prior to the start of the applicable camp session.

Upon receipt/ processing of your registration, you will receive a confirmation email and camp itinerary

We have lots of new, fun activities planned for 2022. Should you have any questions, please contact Emmie at ecperformancehorses@gmail.com

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|------------------------|
| Riders Name: |
| Address: |
| City: State: Zip Code: |
| DOB (MM/DD/YY) |

| Desired Session(s): | Dates | Times | Price |
|--|-----------|-------------|----------------|
| Session 1 (4 days) <input type="checkbox"/> | May 23-26 | 9 am - 1 pm | \$500 per week |

| Desired Session(s): | Dates | Times | Price |
|--|------------|-------------|----------------|
| Session 2 (4 days) <input type="checkbox"/> | July 11-14 | 9 am - 1 pm | \$500 per week |
| Session 3 (4 days) <input type="checkbox"/> | July 18-21 | 9 am - 1 pm | \$500 per week |

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| Riding Experience (check one) |
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| | |
|---|------------------|
| Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> | |
| Number of years riding: | |
| Riding frequency: | |
| Medical concerns / Allergies: | |
| | |
| Parent/ Guardian Name: | |
| Address: | |
| City: | State: Zip Code: |
| Contact # Prior to Camp | |
| Contact # during camp hours | |
| Email | |
| Emergency Contact if other than above: | |
| Relationship to camper: | |
| Contact #: | |
| Other Contact #: | |
| Physician Information: | |
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