

Quail Roost Farm

Summer Camp Registration

Student's Name(s) _____

Number of weeks your child will attend _____

Weeks you wish to sign up for _____ (1st choice)

_____ (2nd choice)

_____ (3rd choice)

_____ (4th choice)

Week 1: June 11th-June 15th

Week 2: June 18th-22nd

Week 3: June 25th-June 29th

Week 4: July 2nd-6th

Week 5: July 9th-13th

Week 6: July 16th-20th

Week 7: July 23rd-27th

Week 8: July 30th-Aug 3rd

Will your child attend after camp activities? YES or NO

(\$75.00/wk from 3pm-5pm)

Parent/Guardian's Name: _____

Phone Number: _____

Home Address: _____

E-Mail Address: _____

Riding Experience: _____

Age: _____ Weight _____ Gender: _____

**A confirmation e-mail will be sent when the reservation form and a \$50.00 deposit has been received.
Please make checks payable to Quail Roost Riding School.**

Camp is based on a first come, first serve basis. RESERVE EARLY!!

Please mail completed form and deposit to the address below:

Quail Roost Riding School

418 Quail Roost Farm Rd

Rougemont, NC 27712

Phone: 919-477-8932

Email: quailrooststables@gmail.com

Deposit Amount \$ _____

Check Number _____