

WOODLAND HORSE CENTER
16301 New Hampshire Avenue
Silver Spring, Md 20905
301-421-9156, fax: 301-421-9049
www.woodlandhorse.com

2011 ADULT CAMP REGISTRATION FORM
PLEASE CIRCLE DATE(S) ATTENDING CAMP

MON, OCT 10; TUES, OCT 11; WED, OCT 12; THURS, OCT 13; FRI, OCT 14

A \$50.00 ADMINISTRATIVE FEE WILL BE ASSESSED IF THE CAMPER WITHDRAWS FROM CAMP

COST IS \$375 FOR THE WEEK; SIGN UP FOR THE ENTIRE WEEK AND PAY ONLY \$350

INDIVIDUAL DAYS ARE \$75

A DEPOSIT OF ONE-HALF OF THE TOTAL COST IS DUE AT TIME OF REGISTRATION; BALANCE IS DUE THE FIRST DAY OF CAMP

Name _____ Birth date _____
Street _____
City _____ State _____ Zip code _____
Phone _____
Home _____ Work _____ Cell _____
Email _____

Confirmations sent via email

RELEASE OF LIABILITY. PLEASE READ CAREFULLY, THIS AFFECTS YOUR LEGAL RIGHTS:

The Undersigned has been advised that horses can be unpredictable & there is a risk of serious injury or death involved in grooming, handling or riding them. The Undersigned agrees to assume such risk when using Woodland Horse Center (WHC) horses. Also, the Undersigned, along with family, estate, heirs or assigns agrees to release/hold harmless WHC, its agents & employees, from & against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen, as a result of using WHC horses & equipment. In consideration of the above, the Undersigned agrees to abide by all rules & regulations which may be posted in the barn or announced by a WHC agent or employee.

I HAVE READ THE ABOVE RELEASE OF LIABILITY & UNDERSTAND ITS PROVISIONS.

Signature _____ Date _____
Printed name _____

A DEPOSIT OF ONE-HALF OF THE TOTAL AMOUNT IS DUE AT TIME OF REGISTRATION; HOWEVER, PARENTS MAY PAY THE ENTIRE AMOUNT AT TIME OF REGISTRATION

DEPOSIT _____ TOTAL AMOUNT _____ BALANCE _____

Name on Credit Card _____ Credit Card Nr _____ Expiration Date _____

Name on check _____ Check Nr _____