

# Trotting Your Way

## 2011 Equestrian Camp Request Form

Please complete the form to verify your child's participation on date(s) chosen.  
Mail to: Trotting Your Way, 613 Hillcrest St. West Bend, WI 53095.

Participant's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_

E-mail: \_\_\_\_\_

Mini Camp Session Date(s): \_\_\_\_\_

And/or Camp Session Week(s): \_\_\_\_\_

\* \$65.00 per Mini Camp X \_\_\_\_\_ Number of sessions = \$\_\_\_\_\_.00

\* \$125.00 per 2-Day Camp Week X \_\_\_\_\_ Number of sessions = \$\_\_\_\_\_.00

\* \$175.00 per 3-Day Camp Week X \_\_\_\_\_ Number of sessions = \$\_\_\_\_\_.00

Total amount enclosed = \$\_\_\_\_\_.00

Full amount is due three weeks prior to session date/week. Please make checks payable to *Trotting Your Way*.

No shows are non-refundable. Emergency cancellations may be applied towards another Equestrian Camp. Refund requests will be handled on a case-by-case basis. There will be a \$30.00 NSF fee for any returned checks.

