

FORRESTEL FARM

RIDING & SPORTS CAMP

2010 Camper Application

<input type="checkbox"/> Girls Advanced Riding Clinic	Sunday, June 20 -- Friday, June 25	\$975
<input type="checkbox"/> July Two Week Co-ed	Sunday, June 27 -- Friday, July 9	\$1,975
<input type="checkbox"/> July Two Week Girls	Sunday, July 11 -- Friday, July 23	\$1,975
<input type="checkbox"/> July One Week Girls	Sunday, July 25 -- Friday, July 30	\$975
<input type="checkbox"/> August Two Week Co-ed	Sunday, August 1-- Friday, August 13	\$1,975
<input type="checkbox"/> August One Week Co-ed	Sunday August 15-- Friday, August 20	\$975

Equestrian Program Horsemanship Program Sports & Outdoor Adventure Program
Advanced Riding Clinic is for girls 12-17 years of age. There is an additional \$225 per week fee for the Horsemanship Program

1st Camper Name _____ Male or Female (circle one)
 Birth Date ___/___/___ Age (July 1, 2010) ____ School Grade (Sept. 2010) ____
 2nd Camper Name _____ Male or Female (circle one)
 Parents Names _____
 Address _____ Email _____
 City _____ State _____ Zip Code _____
 Home Phone (____) ____ - ____ Cell Phone (____) ____ - ____ Work Phone (____) ____ - ____
 Do you have other children? _____ What ages are they? _____

Registration fee of \$500 per camper must accompany this application. One half of the balance is due by March 1, 2010. The remaining balance must be paid in full prior to May 1, 2010. If the opportunity arises for a late enrollment, full payment must be made on the date of registration. Refunds will be made only for cancellation of registration received before May 1, 2010. This registration becomes effective upon receipt and acceptance of the deposit. Our Camp fee is based on our payment schedule. Failure to comply with the terms of this contract will subject you to cancellation.

Realizing that the orderly operation of the Camp is of the utmost importance, we agree to comply with all Camp rules and regulations with regard to enrollment and withdrawal of Campers, Camp programs and all visitations at Camp. We fully understand that the Camp reserves the right to cancel any camper's enrollment if the camper's physical or mental condition, as disclosed by personal questionnaire, medical or dental certificate or otherwise is deemed unsatisfactory. In such cases the amount of the unused portion of the Camp fee less the deposit will be refunded. No refund however, will be made on a voluntary withdrawal.

Signature of Parent or Guardian _____ Date ___/___/___

Does your child have any special tenting requests? _____

Does your child require airport shuttle transportation? Yes / No

I would like to recommend the following families for Forrestel:

1.) Name _____ Phone (____) ____ - ____
 2.) Name _____ Phone (____) ____ - ____

Return completed applications to
 Forrestel Riding & Sports Camp
 4536 South Gravel Road
 Medina, New York 14103
www.forrestel.com (585) 798-2222