



## SpringHaven 2020 Summer Horse Camp Registration Form

<b>Section 1: Child &amp; Guardian Information</b>			
Child's First Name:	Last Name:		
Age:	<input type="checkbox"/> Male / <input type="checkbox"/> Female		
Date of Birth:			
Child's Horse Experience: <input type="checkbox"/> N/A <input type="checkbox"/> Pony/Trail Ride <input type="checkbox"/> Lessons <input type="checkbox"/> 4-H <input type="checkbox"/> Family Ownership			
Child's T-shirt Size: <input type="checkbox"/> CS/ <input type="checkbox"/> CM / <input type="checkbox"/> CL / <input type="checkbox"/> AS / <input type="checkbox"/> AM / <input type="checkbox"/> AL			
*Note: T-shirts are NOT guaranteed if registered after April 1, 2020			
Legal Guardian's First Name:	Last Name:		
Legal Guardian's First Name:	Last Name:		
Day Time Contact Number:	Cell Phone Number:		
Address:			
Street:	City:	Sate:	Post Code:
Email address:			
Do you give permission for anyone else to pick-up your child? (If yes, please provide details): <input type="checkbox"/> Yes / <input type="checkbox"/> No			
Do you give permission for SpringHaven Counseling Center to use images of your child for promotional materials/media? <input type="checkbox"/> Yes / <input type="checkbox"/> No			
How did you discover SpringHaven Equine Program was offering summer horse camps? <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Flyer <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other: _____			
<b>Legal Guardian Signature:</b> _____		<b>Date:</b> _____	

## Section 2: Camp Session Selection

Please select which camp session your child would like to attend:

June 15th-18th, 2020 from 8:30am-12:00pm     July 13th-16th, 2020 from 8:30am-12:00pm

## Section 3: Payment

Due to limited capacity, spots will only be reserved upon payment

**Option 1:** Mail check, registration form, consent form, and emergency medical form to SpringHaven Counseling Center

Mailing Address: PO Box 265  
Mt. Eaton, OH 44659

Address: 15550 Durstine Road  
Dundee, OH 44624

Check Payable to: SpringHaven Counseling Center

**Option 2:** Credit Card

Mail registration form, consent form, and emergency medical form to SpringHaven Counseling Center

Name on Card:

Mastercard /  Visa /  Discover

Credit Card Number:

Expiration Date:

CVS:

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_