



SpringHaven 2019 Summer Horse Camp Registration Form

Section 1: Child & Guardian Information

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, 2019	
Legal Guardian's First Name:	Last Name:
Legal Guardian's First Name:	Last Name:
Day Time Contact Number:	Cell Phone Number:
Address: _____	
Street:	City:
State:	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	
Legal Guardian Signature: _____ Date: _____	
Section 2: 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:	<input type="checkbox"/> Mastercard / <input type="checkbox"/> Visa / <input type="checkbox"/> Discover	
Credit Card Number:	Expiration Date:	CVS:
Cardholder Signature: _____ Date: _____		