



SpringHaven 2023 Beginner Riding 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			
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			
How did you discover SpringHaven Equine Program was offering beginner riding 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: _____			
Legal Guardian Signature: _____		Date: _____	

Section 2: Camp Session Selection

Please select to confirm the camp session your child would like to attend:

Session 1: June 26th -28th from 9:00am-12:00pm Session 2: July 17th -19th from 9:00am-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:** _____