



NEW YORK EQUESTRIAN CENTER Ltd.
633 Eagle Avenue, West Hempstead NY 11552
516-486-9673/ f. 516-717-4415
mynyec.com

SUMMER CAMP 2017 REGISTRATION FORM

Children's Information

Child's Name: _____

Age of Child: _____ Child's Weight _____

Riding Experience: _____ Child's Height _____

Parent Contact Information

Parent Full Name _____

Parent Home Phone # _____

Parent Work # _____ Cell # _____

Parent Email Address _____

Street Address: _____

City: _____ Zip: _____

Lunch Option: Monday Tuesday Wednesday Thursday Friday

Emergency Contact Information

Full Name _____

Home Phone # _____

Work # _____ Cell # _____



Camp Dates 2017 Summer: Children Ages 7 through 15 years old.

Each camp session runs for 1 week starting every Monday and the hours are from 9:00am to 4:00pm.

June 26- June 30 th	<input type="checkbox"/>	July 3-8th	<input type="checkbox"/>	July 10-14th	<input type="checkbox"/>
July 17-21st	<input type="checkbox"/>	July 24-28th	<input type="checkbox"/>	July 31 st -August 4th	<input type="checkbox"/>
August 7-11th	<input type="checkbox"/>	August 15-19th	<input type="checkbox"/>	Aug 22-27th	<input type="checkbox"/>
August 29-Sept 2nd	<input type="checkbox"/>				

Check next to the sessions you are signing up for.

Early Registration Price per week is \$549.99 when paid in full by Campers First day.

This enrollment is not valid unless signed by the parent or guardian of the camper enrolled and accepted by the Camp Director. Riding time may be lessened due to weather conditions, including temperatures of 90 degrees and up and rain. Other activities will be substituted during this time.

Once camp has started there will be No Refunds, unless your child has a medical illness, in which case a doctor's note must be provided.

It is agreed that in the event that a parent cannot be reached in case of an emergency affecting the camper, permission is given to the child's physician as indicated in the camp records or , if unavailable, the physician selected by the Camp to administer proper treatment to the child.

Parent Name (signed) _____

Parent Name (printed) _____

Date _____

For Office Use Only: Total price of week(s) _____ Discount option: _____ Lunch addition: _____

For Office Use Only: Amount of Deposit \$ _____ Date Deposit Made: _____ Balance Due: _____
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