Kamloops Therapeutic Riding Association 730 Crestline Street Kamloops, BC V2B 5X3

Office: 250-554-3811



## Spring Break Horse Camp 2019 <u>Registration Form</u>

\*REGISTER BY MARCH 8, 2019\*

<b>Date:</b> March 18-22, 2019			
Two Options:			
3 day camp (Mon-Wed) \$300* 5 day car	np (Mon-Fri) \$475*		
*\$8 or \$12 processing fee (8 for \$300 or 12 for \$475) plus a \$20 annual membership fee*  PAYMENT: Once we receive your registration form you will be emailed an invoice to pay via credit card. Your registration is not complete until payment is received in full.			
			not required but highly recommended: pership/membership-types/individual-family/
	<u> </u>		
Name:	M 🔲 F		
Address:	Postal Code:		
Email			
Email:			
Parent/Guardian 1	Cell		
Parent/Guardian 2	Cell		
Birthday (M/D/Y):	Age at time of camp:		
Height & Waight (required for pairing ridges with the appropria	te horse):		
rieight & Weight (required for pairing riders with the appropria	te noise).		
BC Health Care Number:			
Please list any concerns which may affect the camper's health of	or participation at camp (i.e. Allergies, asthma, special diet,		
medications, etc.)			
Level of Riding Experience 1 = No Experience to 4 = Considerable	e Experience (please circle one)		
1 2 3 4			
Briefly describe riding experience:			
Non-parent/guar	dian Emergency Contact		
Name:	Home #:		
Marala III	C-II II.		
Work #:	Cell #:		
Relationship:			