



Kamloops Therapeutic Riding Association  
730 Crestline Street  
Kamloops, BC V2B 5X3  
Office: 250-554-3811

## 2019 KTRA Summer Horse Camp Ages 7-12 Registration Form

Check the week(s) you wish to attend:

<input type="checkbox"/>	<b>July 9-11</b>	<input type="checkbox"/>	<b>July 16-18</b>	<input type="checkbox"/>	<b>July 23-25</b>	<input type="checkbox"/>	<b>Aug 6-8</b>	<input type="checkbox"/>	<b>Aug 13-15</b>	<input type="checkbox"/>	<b>August 20-22</b>
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**Cost:** \$300 per camper

**PAYMENT:** Once we confirm the camp is going ahead you will be emailed an invoice to pay via credit card. Your registration is not complete until payment is received in full along with your membership form. Please note there will be an \$8 processing fee per participant for 1 camp, \$15 processing fee per participant for 2 camps or a \$20 processing fee per participant for 3 camps along with a \$20 membership fee (valid April 1, 2019 to March 31, 2020).

\*Return forms to Ashley at [asudds@ktra.ca](mailto:asudds@ktra.ca) or call our office 250-554-3811\*

Horse Council Membership is not required but highly recommended:  
<http://www.hcbc.ca/index.php/membership/membership-types/individual-family/>

Name: \_\_\_\_\_  M  F

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ **\*\*HCBC#:** \_\_\_\_\_

Parent/Guardian 1 \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian 2 \_\_\_\_\_ Cell \_\_\_\_\_

Birthday (M/D/Y): \_\_\_\_\_ Age at time of camp: \_\_\_\_\_

Height & Weight (required for pairing riders with the appropriate horse): \_\_\_\_\_

BC Health Care Number: \_\_\_\_\_

Please list any concerns which may affect the camper's health or participation at camp (ie. Allergies, asthma, special diet, medications, etc. )

Level of Riding Experience 1 = No Experience to 4 = Considerable Experience (please circle one)

1      2      3      4

Briefly describe riding experience: \_\_\_\_\_

### Non-parent/guardian Emergency Contact

Name: \_\_\_\_\_ Home #: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Relationship: \_\_\_\_\_