



Registration Form—2012 Summer Camp

Please print clearly

Name _____ Age _____
 (Recommended ages 6 yrs-14 yrs)

Parent/guardian _____

Phone _____

Street Address _____

City, State, Zip _____

Email address _____

Each Camp is limited to 12 participants / a liability waiver is required with registration.

				Price	Total
_____	Camp I	June 11-15	8:00 a.m. - 5:00 p.m.	\$200	_____
_____	Camp II	June 18-22	8:00 a.m. - 5:00 p.m.	\$200	_____
_____	Camp III	June 25-29	8:00 a.m. - 5:00 p.m.	\$200	_____
_____	Camp IV	August 6-10	8:00 a.m. - 5:00 p.m.	\$200	_____

Amount enclosed _____

Make check payable to ***Horsin' Around Natural Horsemanship***

Mail this form along with payment and liability waiver to:

Horsin' Around Natural Horsemanship
 Deb Diller
 5950 N. Boothe Lane
 Rocheport, MO 65279
 573-999-3723

Cancellations are subject to a \$50.00 fee, unless a replacement is found.

(Office use/date rec'd. _____)