



STABLES, INC.

PO Box 283 - 268 Town Lane
Amagansett, New York 11930

Phone (631)267-3203 Fax (631)907-2783 www.stonyhillstables.net

Camper

Name _____

Age _____ Height _____ Weight _____

Experience (please describe briefly or refer to SHS trainer with whom child has ridden) * Students signing up for YR camp must be approved by a Stony Hill Stables instructor*

Parent/Guardian

Name _____

Mailing/Billing Address: _____

Physical Address: _____

Phone _____

Cell _____

Alternative _____

Email _____

Apply for Camp

1. Mark the box beside the week for which you are applying
2. Note to the right the camp for which you would like (YRC, HC, SSC)

<input type="checkbox"/>	W1	June 18-22**	_____
<input type="checkbox"/>	W2	June 25-29	_____
<input type="checkbox"/>	W3	July 2-6	_____
<input type="checkbox"/>	W4	July 9-13	_____
<input type="checkbox"/>	W5	July 16-20	_____
<input type="checkbox"/>	W6	July 23-27	_____
<input type="checkbox"/>	W7	July 30-Aug 3	_____
<input type="checkbox"/>	W8	Aug 6-10	_____
<input type="checkbox"/>	W9	Aug 13-17	_____
<input type="checkbox"/>	W10	Aug 20-24	_____
<input type="checkbox"/>	W11	Aug 27-31	_____

** Week 1 YRC, HC and SSC offered with a 20% discount.

ALL camp applications are subject to trainer approval.

An evaluation lesson may be required to determine the appropriate camp.

I understand that all deposits/payments for camp remitted to Stony Hill Stables, Inc. are NON REFUNDABLE and NON TRANSFERABLE for other services.

Parent/Guardian Signature

Date

A deposit equal to one week of camp is due with this application. The remaining balance will be due by May 15, 2012 at which time all reservations not paid in full will be open to applicants on our waiting list. Payment for camps WILL NOT be taken over the phone and must be accompanied by completed application.

ALL PAYMENTS REMITTED TO STONY HILL STABLES, INC. FOR CAMP ARE NON REFUNDABLE AND NON TRANSFERABLE FOR OTHER SERVICES.

Young riders camp * \$700 x _____ weeks = _____ 5 consecutive weeks = \$3300

Horse Camp *\$700 x _____ weeks = _____ 5 consecutive weeks = \$3300

Short Stirrup Camp *\$800 x _____ weeks = _____ 5 consecutive weeks = \$3850

Total Due: \$ _____

Deposit Included: \$ _____

Remaining Balance due May 15:

\$ _____

*Short Stirrup students who 1/2 lease receive a 10% discount. Student who own or full lease receive a 20% discount on camp.

*YR campers and Horse camp students who Full lease or own there own horse/pony receive a 10% discount. YR campers and Horse campers who 1/2 lease receive a 5% discount on camp.

Payment Method for Deposit

Check Enclosed: Check # _____

Credit Card # (Visa or Master card ONLY) _____ Exp _____ Auth Code _____

Amt to be charged: \$ _____

Signature of Cardholder _____ Date _____

Payment Method for Balance due on May 15th 2012 Please initial and fill in preferred payment method.

_____ I would like to be called on May 15th for my preferred method of payment.

_____ I prefer to mail my check for my balance of \$ _____ by May 15th.

_____ I authorize my credit card to be charged for my balance of \$ _____ on May 15th.

Credit Card # (Visa or Master card ONLY) _____ Exp _____

Auth Code _____ Amt to be charged: \$ _____

Signature of Cardholder _____ Date _____