

10TH ANNUAL SUMMER HORSE CAMP

Camp is designed for all levels of riding skills, ages 7 - 14

INCLUDED

Clinics on Horse Grooming,

English and Western Riding Techniques, and Ground Handling, Trail Rides, Gymkhana, Riding to Music, Arts & Crafts, Horse Body Painting, and Swimming at LanierWorld

We offer ten different weeks of day camp for your scheduling convenience:

2014 SUMMER CAMP SCHEDULE				
Week	1	May 27 – 30 (4 days- \$365.00)		
Week	2	June 2 – 6		
Week	3	June 9 – 13		
Week	4	June 16 – 20		
Week	5	June 23 – 27		
Week	6	June 30 – July 4		
Week	7	July 7 – 11		
Week	8	July 14 – 18		
Week	9	July 21 – 25		
Week	10	July 28 – August 1		

MONDAY – FRIDAY, 9 AM – 4 PM (note: Week 1 Tuesday – Friday) Friday is Parents Day, with awards and riding demonstrations!

TUITION: \$450 per child / per week (includes LanierWorld & Camp t-shirt)

REGISTER AND PAY BY MARCH 31st AND RECEIVE \$50 DISCOUNT!! (\$400.00)

For more information, call Beth Pedaggi, Manager, at 678-318-7886.

SUGGESTED ITEMS TO BRING

	Bathing Suit and Towel
	Water Shoes (optional)
	Sunscreen and Bug Spray
	Lunch and Water bottle (we provide snack/drink)
П	Proper Riding Attire

(Camper should come dressed to ride in comfortable pants and close-toed shoes with ¾-1 in. heels. No thick treaded hiking boots. We provide the riding helmet if student does not have his/her own.)

Please make sure all personal items are labeled with your child's name.

Also, please notify us of any special needs your child may have that might restrict them during our daily camp activities.

DAILY ACTIVITIES

Ride Time	9:00 AM – 12:30 PM
Lunch	12:30 PM – 1:30 PM
Arts & Crafts / Educational Fun Time	1:30 PM – 2:30 PM
Swimming at LanierWorld	2:45 PM – 4:00 PM**

OPTIONAL ACTIVITIES

Horse Crazy Masterpiece Art on Tuesday	\$25.00
Zip Lining on Wednesday	\$35.00
Paddle Boarding on Thursday	\$25.00
Wake The Lake on Thursday	\$25.00

TUITION

Camp tuition is \$450.00. A non-refundable \$50.00 application fee must accompany this form. The remaining \$400.00 tuition balance is due by May 23, 2014 (\$350 if paid in full by March 31st)

No refunds will be given after May 23, 2014. A credit will be offered for use at the Equestrian Center.

REGISTER AND PAY BY MARCH 31st AND RECEIVE \$50 DISCOUNT! (\$400.00)

FOR YOUR RECORDS

Tuition \$450.00	(\$400 if paid by 3/31)				
Deposit \$	Date Paid	CASH	CHECK	CC	OTHER
Bal Due \$	Date Paid	CASH	CHECK	CC	OTHER
Date Paid In Full		Payment rec	ceived by:		

Make checks or money orders payable to LLI Equestrian Center and mail with application to:

The Stables @ Lake Lanier Islands Resort

Attn: Beth Pedaggi 7000 Lanier Islands Parkway Buford, GA 30518

^{**}Parents MUST pick-up children at the WaterPark drive-thru at 4:00 PM sharp.

10^{TH} ANNUAL SUMMER HORSE CAMP

(Ages 7 – 14)

REGISTRATION FORM

Camp Week - Pleas	e indicate choice(s)	in order of pr	reference (1 st , 1	2 nd , etc.):	
1. May 27-3	30 5	• June 23-27	9	July 21-25 _	
2. June 2-6	6			July 28-August 1 _	
3. June 9-13	7			11. Fall Camp, if interested,	
4. June 16-2	0 8	. July 14-18		Please check box _	
Camper Informati	on				
Child's Last Name:		First Na	me:	MI:	
Age: Sex:	Present School	:		Grade:	
Parent E-mail:		Pare	ent Phone:		
Street Address:				Apt. No:	
City:		State:	Z	ip:	
Level of Riding Abili	ty BEGINNE	R Has	Ridden	0-10 times	
(Please indicate one)	•				
				How long?	
	Has attende	ed this camp be	efore	No. of years	
athletic is he/she?) This at Tuition	nows us to better place	your child with th	e proper noise.		
REGISTER AN				DISCOUNT! (\$400.00	0)
		OFFICE USE	ONLY		
Tuition \$450.00	_ · · · · · · · · · · · · · · · · · · ·				
Deposit \$	Date Paid	_ CASH	CHECK	. CC	
Bal Due \$	Date Paid	CASH	CHECK		
Optional Activities:					
Horse Crazy Masterpiece	Art \$25	CASH	CHECK	CC	
Zip Lining	\$35	CASH	CHECK	CC	
Paddle Boarding/ Wa	ke The Lake \$25	CASH	CHECK	CC	
Date Paid In Full	Payment	received by:			

Parent Contact Informat	<u>tion</u>	
Mother's Name:	Home #	Other #
Father's Name:	Home #	Other #
Emergency Contact (other th	an parent) – Person to call in the	e event a parent cannot be reached:
Name:	Phone #	Relationship:
Health Profile		
Child's Name:		
Mother's Name:	Home #	Other #
Father's Name:	Home #	Other #
Doctors Name:	Pho:	ne #
		ne #
Please list all/any medications	currently taken:	
Please list <u>all/any</u> allergies:		
	ditions that would restrict your	child from <i>fully</i> participating in all
Legal Guardian - Please	read and sign:	
In the event of a medical empersonnel to treat my child.	ergency, I authorize Lake Lar	nier Islands to contact medical
Print Name:	Signature:	Date:
Payment Information		
Idescribed on this form.	(print name) have read and	d do agree to the payment terms as
Signature of Parent or Legal C	Guardian:	Date:

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The Stables @ Lake Lanier Islands Resort

Attn: Beth Pedaggi 7000 Lanier Islands Parkway Buford, GA 30518