

## 12TH ANNUAL SUMMER HORSE CAMP

CAMP IS DESIGNED FOR ALL LEVELS OF RIDING SKILLS, AGES 7-14

#### **ACTIVITIES INCLUDE:**

Clinics on horse grooming English and Western riding techniques

Trail Rides Ground Handling

Riding to Music Gymkhana
Horse Body Painting Arts & Crafts

New this Summer! Horse Soccer & Swimming at LanierWorld

# 2016 SUMMER CAMP SCHEDULE

Week 1 May 31st - June 3rd (4 days - \$385.00)

Week 2 June 6th – June 10th

Week 3 June 13th - June 17th

Week 4 June 20th - June 24th

Week 5 June 27th - July 1st

Week 6 July 5th – July 8th (4 days – \$385.00)

Week 7 July 11th – July 15th

Week 8 July 18th – July 22nd

Week 9 July 25th – July 29th

Week 10 August 1st - 3rd (3 days - \$300.00)

**HOURS:** Monday -Friday, 9am - 4pm.

(**NOTE:** Weeks 1 & 6 Tuesday - Friday, Week 10 Monday - Wednesday) Fridays are Parents Day, with awards and riding demonstrations!

**TUITION:** \$450.00 per child, per week (includes LanierWorld & Camp Tshirt) REGISTER AND PAY BY MARCH 31ST AND RECEIVE \$50.00 OFF For more information, call **Beth Pedaggi at 678-318-7886** 

#### **SUGGESTED ITEMS TO BRING:**

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

Campers should come dressed to ride in comfortable pants and closed-toe shoes with a 3/4 - 1 inch heel. No thick treaded hiking boots. We provide 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 activities.

| DAILY ACTIVITIES                  |                  |  |
|-----------------------------------|------------------|--|
| Ride time                         | 9:00am - 12:30pm |  |
| Lunch                             | 12:30pm - 1:30pm |  |
| Arts& Crafts/Educational Fun Time | 1:30pm - 2:30pm  |  |
| Swimming at LanierWorld           | 2:45pm - 4:00pm  |  |

#### **OPTIONAL ACTIVITIES:**

| □ Horse Crazy Masterpiece Art on Tuesday | \$25.00 |
|--|---------|
| □Ziplining on Wednesday                  | \$35.00 |
| □ Paddle Boarding on Thursday            | \$25.00 |

Parents must pick up children at the LanierWorld drive-thru at 4:00pm sharp.

Camp tuition is \$450.00. A non-refunable \$50.00 application fee must accompany this form. The remaining \$400.00 balance is due by 05/22/2016. **No refunds** will be given after 05/22/2016. A credit will be offered for use at the Equestrian Center.

Register and pay by March 31st and receive \$50 discount!

| FOR YOUR RECORDS:       |                         |          |              |    |       |
|-------------------------|-------------------------|----------|--------------|----|-------|
| <b>Tuition \$450.00</b> | (\$400 if paid by 3/31) | Circle o | ne:          |    |       |
| Deposit \$              | _ Date Paid             | Cash     | Check        | CC | Other |
| Bal Due \$              | _ Date Paid             | Cash     | Check        | CC | Other |
| Date Paid in Full 🗕     |                         | Paymen   | t received l | оу |       |

Make checks payable to The Stables at Lanier Islands. Mail applications to:
The Stables at Lanier Islands ATTN: Beth Pedaggi
7000 Lanier Islands Parkway
Buford, GA 30518

## 12TH ANNUAL SUMMER HORSE CAMP

(Ages 7-14)

### **REGISTRATION FORM**

| <b>CAMP WEEK - Please indicate c</b>   | hoice(s) in or | rder of pr | eference (1    | st, 2nd  | l, & 3rd) |
|--|----------------|------------|----------------|----------|-----------|
| 1. May 31st - June 3 (4 day \$385)   | ` '            | _          |                |          | , ,       |
| 2. June 6th - June 10th  |                |            |                |          |           |
| 3. June 13th - June 17th   | ~              | · •        | 2nd            |          |           |
| 4. June 20th - June 24th   | ~              |            | 9th            |          |           |
| 5. June 27th - July 1st  |                | · ·        | - 3rd (3 day   |          |           |
| Interested in learning about Thanks  |                | e e        | - \-           |          |           |
| CAMPER INFORMATION   |                |            |                |          |           |
| Child's Last Name:   |                |            |                |          |           |
| Age: Sex:  | Present Scho   | ool:       |                | (        | Grade:    |
| Parent E-Mail:   |                |            |                |          |           |
| Street Address:  |                |            |                | A        | Apt. No:  |
| City: Zip:   | Stat           | e:         |                | 7        | Zip:      |
| (Please indicate one) —— Intermediate Is taking lessons How long? —— Advanced Is showing How long? —— Has attended camp before No. of years —— Please give a brief description of your child's personality. (E.g. Is he/she quiet or talkative? Timid or assertive? How athletic is he/she?) This allows us to better place your child with the proper horse. ——  TUITION  Register and pay by March 31st and receive \$50 discount (\$400.00) for office use only   |                |            |                |          |           |
| The state of the s |                |            |                |          |           |
| Tuition \$450.00 (\$400 if p   |                |            |                | CC       | Othon     |
| Deposit \$ Date Paid Bal Due \$ Date Paid  |                |            | Check<br>Check | CC<br>CC | Other     |
| Optional activites:  |                |            | t received     |          | Other     |
| Horse Crazy Masterpiece Art  | <b>#</b> ~=    | •          |                |          | Othon     |
| • -  | \$25           |            |                | CC       | Other     |
| Ziplining  Paddla Poording   | \$25           |            |                | CC       | Other     |
| Paddle Boarding  | \$35           | Cash       | Check          | CC       | Other     |

Payment received by:

Date Paid in Full:\_

| PARENT CONTACT INFORMA                      | ATION                      |                               |
|---|----------------------------|-------------------------------|
| Mother's Name:                              | Home #:                    | Other #:                      |
| Father's Name:                              |                            |                               |
| EMERGENCY CONTACT (other                    | er than parent)            |                               |
| Name:I                                      |                            | Relationship:                 |
|   |                            | -                             |
| HEALTH PROFILE                              |                            |                               |
| Child's Name:                               | Home #:                    | Other #:                      |
|   |                            | Other #:                      |
| Doctor's Name:                              |                            |                               |
|   |                            | # <b>:</b>                    |
| Please list all/any medications             |                            |                               |
| Please list all/any allergies:              | •                          |                               |
| Please list all/any medical cond            |                            |                               |
| participating in all activities:            |                            |                               |
| par despating in an activities.             |                            |                               |
| LEGAL GUARDIAN - please re                  | and and cion.              |                               |
| In the event of a medical emer              |                            | r islands to contact modical  |
|   | gency, I authorize Lame    | 1 Islands to contact incurcar |
| personnel to treat my child.<br>Print Name: | Signature:                 | Date:                         |
| Time Name.                                  | . Signature.               | Batc                          |
|   |                            |                               |
| PAYMENT INFORMATION                         |                            | •                             |
|   | name) have read and do     | agree to the payment terms as |
| described on this form.                     | 1.                         |                               |
| Signature of Parent or Legal G              | uardıan:                   | Date:                         |
| Malza ahaalza navahla ta Tl                 | no Ctoblog et Lenion Islan | nda Mail applications to:     |

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7000 Lanier Islands Parkway Buford, GA 30518

Email: BPedaggi@LanierIslands.com

