VARHA Young Riders & Horse Camp Registration Form 2025

| tider Name: | Date of bir | rth: |
|--|--|---|
| ddress: | | |
| hone Number: | E-mail address: | |
| pecial Concerns (allergies, etc.): | | · |
| tider Weight: **Note: VARHA has a p | policy of 180-pound limit for able-bodied riders & 1 | 140 for riders needing lifted by instructors. |
| Parent/Guardian Information: | | |
| lame: | | |
| Address (if different from above): | | |
| Phone number (if different from above): | | |
| Camp requested – We reserve the right to cancel if n Once registration is received, you will be contacted v | | |
| Young Riders, Age 4-7, Tuesday evenings. May **One (1) parent/guardian required to sidewall | | |
| 5:15 PM-6 PM | _ 6:15 PM-7 PM | \$110 |
| <u>Horse Camp</u> , Age 8-18, Four days, Tuesday-Frida June 24, 25,26, 27 July 15 | | \$180 |
| Method of Payment Section MUST be filled out in orde | er for us to process your registration. Leavin | g it blank will result in a delay of your regis |
| Private Payment: We accept cash, check, o | or online credit card payments. | |
| Agency Payment: If an agency is responsible | e for payment, please complete below section | on. |
| Agency Name: | | |
| Agency Address: | | |
| Agency Contact: | Phone: | |
| Scholarship: A limited amount of scholarship money, please request the application and send a stat | | |
| Full application will be sent out soon after the registrem. THREE WEEKS before class starts to keep your space. | | - |
| | | |
| Signature of Parent/Guardian: | Da | ate: |