## **VARHA Young Riders & Horse Camp Registration Form 2024**

Rider Name:		Date of birth:	
Address:			
Phone Number:	E-m	ail address:	
Special Concerns (allergies, etc.):			
Rider Weight: **No	ote: VARHA has a policy of 180 pound lir	nit for able-bodied riders & 140 for riders nea	eding lifted by instructors.
Parent/Guardian Information:			
Name:			
Address (if different from above):			
Phone number (if different from abov	e):		
		n up. Sign ups are on a first come, first You will be notified if your rider is on t	
Young Riders, Age 4-7, Tuesday ev **One (1) parent/guardian require	= :	e 4, 11.	
5:15 PM-6 PM	6:15 PM-7 PM		\$110
Horse Camp, Age 8-18, Four days,	,	·	
June 25, 26, 27, 28	July 16, 17, 18, 19	August 13, 14, 15, 16	\$180
ethod of Payment Section MUST be fi	lled out in order for us to process y	our registration. Leaving it blank will re	sult in a delay of your reg
Private Payment: We accep	ot cash, check, or online credit card	payments.	
Agency Payment: If an agenc	y is responsible for payment, pleas	e complete below section.	
Agency Name:			
Agency Address:			
Agency Contact:		Phone:	
Scholarship: A limited amoun money, please request the application		or income eligible clients. If you would l the completed application.	ike to apply for scholarship
Full application will be sent out soon a ONE WEEK before class starts. Rider c	_	The COMPLETED Application & FULL Pa	yment are due at least
Signature of Parent/Guardian: _		Date:	