



6TH 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, Riding to Music, Arts & Crafts, Horse Body Painting, and
Swimming at the LLI Beach & WaterPark

SCHEDULE

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

WEEK
1. May 31 – June 4
2. June 7 – 11
3. June 14 - 18
4. June 21 – 25
5. June 28 - July 2
6. July 5 – 9
7. July 12 – 16
8. July 19 - 23
9. July 26 - 30

MONDAY – FRIDAY, 9 AM – 4 PM

Friday is Parents Day, with awards and riding demonstrations!

TUITION: \$375 per child / week*

***REGISTER AND PAY BY MARCH 31ST AND RECEIVE \$25 DISCOUNT!! (\$350.00)**

For more information, call Beth Pedaggi, Manager, at 770-932-7233.

SUGGESTED ITEMS TO BRING

- Bathing Suit and Towel
- Water Shoes (optional)
- Sunscreen and Bug Spray
- Lunch and Water bottle (we provide snack/drink)
- 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 LLI Beach & WaterPark	2:45 PM – 4:00 PM**

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

TUITION

Camp tuition is \$375.00. A non-refundable \$50.00 application fee must accompany this form.

The remaining \$325.00 tuition balance is due by May 28, 2010 (\$300 if paid by March 31st). No refunds will be given after April 30, 2010. A credit will be offered for use at the Equestrian Center.

REGISTER AND PAY BY MARCH 31st AND RECEIVE \$25 DISCOUNT! (\$350.00)

FOR YOUR RECORDS

Tuition \$375.00						(\$350 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 received by: _____							

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

LLI Equestrian Center
Attn: Beth Pedaggi
7000 Holiday Road
Lake Lanier Islands, GA 30518

6TH ANNUAL SUMMER HORSE CAMP

(Ages 7 – 14)

REGISTRATION FORM

Camp Week - Please indicate choice(s) in order of preference (1st, 2nd, etc.):

- | | | |
|------------------------|-------------------------|---------------------|
| 1. May 31-June 4 _____ | 4. June 21-25 _____ | 7. July 12-16 _____ |
| 2. June 7-11 _____ | 5. June 28-July 2 _____ | 8. July 19-23 _____ |
| 3. June 14-18 _____ | 6. July 5-9 _____ | 9. July 26-30 _____ |

Camper Information

Child's Last Name: _____ First Name: _____ MI: _____

Age: _____ Sex: _____ Present School: _____ Grade: _____

Parent E-mail: _____ Parent Phone: _____

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

Level of Riding Ability	_____ BEGINNER	Has Ridden	0-10 times
(Please indicate one)	_____ INTERMEDIATE	Is Taking Lessons	How long? _____
	_____ ADVANCED	Is Showing	How long? _____
	_____ Has attended this 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.

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FOR OFFICE USE ONLY

Tuition \$375.00 (\$350 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 received by: _____			

Parent Contact Information

Mother's Name: _____ Home # _____ Other # _____

Father's Name: _____ Home # _____ Other # _____

Emergency Contact (other than parent) – Person to call in the 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: _____ Phone # _____

Insurance Company: _____ Phone # _____

Please list all/any medications currently taken: _____

Please list all/any allergies: _____

Please list all/any medical conditions that would restrict your child from *fully* participating in all activities: _____

Legal Guardian - Please read and sign:

In the event of a medical emergency, I authorize Lake Lanier Islands to contact medical personnel to treat my child.

Print Name: _____ Signature: _____ Date: _____

Payment Information

I _____ (print name) have read and do agree to the payment terms as described on this form.

Signature of Parent or Legal Guardian: _____ Date: _____

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LLI Equestrian Center
Attn: Beth Pedaggi
7000 Holiday Road
Lake Lanier Islands, GA 30518