

# VALLEY MOUNT RANCH SUMMER RIDING CAMP

## HOWDY PARTNERS AND WELCOME TO VALLEY MOUNT RANCH

We hope you will enjoy yourselves Riding everyday and learning about horses. You don't have to buy any Special Clothing; Long Pants for Riding and Shorts for all other Activities. Tennis Shoes or shoes with heels for Riding are fine, it is not necessary to have boots. Every Child should bring a sack lunch, something to drink and snacks. **BRING PLENTY OF WATER TO DRINK!**

The price of the Riding Camp is \$250.00 Per Person Per Session. 7 Years & over

Dates for Riding Camp \* Monday - Thursday - 8:30 am to 3:30 pm  
**June 14 - June 17 \* June 21 - June 24**  
**July 12 - July 15 \* July 19 - 22**  
**August 2 - 5**

The price of the Little Britches Riding Camp is \$200.00 Per Person Per Session. 6 years & under

Dates for Riding Camp \* Monday - Thursday - 9 am to 12 pm  
**June 28 - July 1 \* July 26 - 29**

The will not need a sack lunch, but will need snacks and plenty to drink.

Riding Camp/Little Britches Camp - A deposit of \$175.00 Per Person Per Session reserves your space in camp. The Balance of is due by May 1, 2010. (Deposits are non-refundable)

\_\_\_\_\_ Full Amount    \_\_\_\_\_ Deposit    \_\_\_\_\_ Balance

We will also be offering After Care once the camp is finished, the price will be \$15.00 per day, per student. We require that you notify us before your camp is scheduled if you will need this service. You can also check the days below that you will need the services. Please include the proper amount due if you are signing up for this early.

\_\_\_\_\_ Monday    \_\_\_\_\_ Tuesday    \_\_\_\_\_ Wednesday    \_\_\_\_\_ Thursday

Please check which session your child will be attending:

Riding Camp Dates    \_\_\_ June 14-17    \_\_\_ June 21-24    \_\_\_ July 12-15    \_\_\_ July 19-22    \_\_\_ Aug 2-5

Little Britches Dates    \_\_\_ June 28 - July 1    \_\_\_ July 26-29

Date of Session: First Choice \_\_\_\_\_ Second Choice \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parents Name \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Emergency Phone Numbers \_\_\_\_\_

List Medical Conditions \_\_\_\_\_

List Medications being taken \_\_\_\_\_

I, \_\_\_\_\_, give Valley Mount Ranch permission for my child to be treated if I cannot be reached and agree to pay any medical cost.

\_\_\_\_\_  
Parent/Guardian Signature \* Date

Please mail all reservations forms to:  
Valley Mount Ranch  
P.O. Box 326  
Valley Park, MO 63088-0326