

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 11-14 * June 18-21 * July 16-19 * July 30-August 2

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
July 9th - 12th

They 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 is due 3 weeks prior to Camp start date. **(Example your camp is June 11th - Balance is due on or before May 21st)**
(Deposits are non-refundable)

_____ Full Amount _____ Deposit _____ Balance _____ Credit Card

Credit Card Information: Type of Card _____ Card # _____ Expiration _____

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 11-14 ___ June 18-21 ___ July 16-19 ___ July 30-August 2

Little Britches Dates ___ July 9th-12th

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