



REGISTRATION

Cedar Hill Farms Summer Program

Staff use only
 Rec'd ____/____/____
 Check# _____
 Amount: _____

Please check weeks desired:

- _____ Session 1
- _____ Session 2
- _____ Session 3
- _____ Session 4

Sessions run from 9:00 a.m. to 4:00 p.m. daily.

Do you need Extended Day? Please indicate number of weeks.

Please Circle AM:

Please circle PM:

Session 1 2 3 4

Session 1 2 3 4

of weeks drop at 7:30 x \$50.00 = \$_____

of weeks to 5:30 x \$100.00 = \$_____

Camper's name: _____

Birthdate: ____/____/____ Age: _____ Gender: F ____ M ____

Parent/Guardian name: _____

Street: _____

City: _____ Zip: _____ State: _____

Ph: (H) _____ (W) _____ Cell: _____

Email: _____ Person's name at work: _____ (who to ask for)

Payment option: 50% now and 50% by May 1.

Amount enclosed:

\$ 300/Week x # of weeks \$ _____

Total Extended day and
Transportation (above) \$ _____

Total Fees: \$ _____

**Do you have a
riding or bicycle helmet?**

_____ Yes _____ No

(If not, please measure the rider's head.
See instructions on reverse.)

Size: _____

Please make check payable to Cedar Hill Sport Horses, LLC.



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To the student: Please tell us about yourself and your riding experience. What do you hope to learn or work on during your time with us at Cedar Hill Farms? (Parents, please transcribe for non-writers.)

To the parent: Please tell us about your child. We want to understand your child, and help create the best experience possible. You might want to describe emotional needs, energy levels, ability to integrate into a new group, sensitivity to sun, etc. Be sure to include any medical or developmental conditions that might affect child or information a counselor may need to know.

HELMET SIZE CHART:

20" = 6.5
20.5" = 6 5/8
21" = 6 3/4
21.5" = 6 7/8
22" = 7
22.5" = 7 1/8
23" = 7 1/4
23.5" = 7 3/8

To achieve the correct helmet size, place the tape measure around the head just above the eyebrows. Convert the resulting measurement in inches to the sizes listed to the left.