

SpringHaven 2024 Beginner Riding Camp Registration Form

Section 1: Child & Guardian Information		
Child's First Name:	Last Name:	
Age:	□ Male / □ Female	
Date of Birth:		
Child's Horse Experience: \square N/A \square Pony/Trail Ride	e □ Lessons □ 4-H □ Family Ownership	
Legal Guardian's First Name:	Last Name:	
Legal Guardian's First Name:	Last Name:	
Day Time Contact Number:	Cell Phone Number:	
	A d d r e s s :	
Street: City:	Sate: Post Code:	
Email address:		
Do you give permission for anyone else to pick-up your child? (If yes, please provide details):		
\Box Yes / \Box No		
Do you give permission for SpringHaven Counseling Center to use images of your child for promotional		
materials/media?		
\Box Yes / \Box No		
How did you discover SpringHaven Equine Program was offering beginner riding camps?		
□ Website □ Social Media □ Flyer □ Newspag	per \Box Word of Mouth \Box Other:	

 Legal Guardian Signature:

Date:

Section 2: Camp Session Selection			
Please select to confirm the camp session your child would like to attend:			
□ Session 1: July 15 th -17 th from 9:00am-12:00pm			
Section 3: Payment			
Due to limited capacity, spots will only be reserved upon payment			
Option 1: Mail check, registration form, consent form, and emergency medical form to SpringHaven			
Counseling Center			
Mailing Address: PO Box 265	Address: 15550 Durstine Road		
Mt. Eaton, OH 44659	Dundee, OH 44624		
Check Payable to: SpringHaven Counseling Center			
Option 2: Credit Card			
Mail registration form, consent form, and emergency medical form to SpringHaven Counseling Center			
Name on Card:	Mastercard / Visa / Discover		
Credit Card Number:	Expiration Date:	CVS:	
Cardholder Signature:	Date:		