



Dreams Come True Therapeutic Riding

SUMMER CAMP

Date of Application _____

CAMPER INFORMATION:

Camper's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone number: _____

Are there any health considerations or physical /mental/emotional disabilities? _____

Diagnosis _____

Are there any allergies? _____

Are there any activities that your child should not participate in? _____

CAMP SESSION & FEES

Select session desired and a 1st and 2nd preference so we can match your child with other campers.

_____ July 16 - July 20 Session 1

_____ July 23 - July 27 Session 2

_____ July 30 - Aug 3 Session 3

_____ Aug 6 - Aug 10 Session 4

_____ **Aug 13 - Aug 17 Session 5***

_____ Aug 20 - Aug 24 Session 6

_____ Aug 27 - Aug 31 Session 7

*** Students ages 12 and over**

CAMP FEES

Session 1-7 \$400.00 Siblings \$385.00

Early Drop Off \$50 Late Pick Up \$50

CAMP HOURS

Session 1-7 9am-2pm

A non-refundable deposit of \$300.00 per child per session is required with completed paperwork to hold your camp session.

Final payment of \$100 due June 15, 2007

**Mail to: Dreams Come True Therapeutic Riding
639 Route 513
Pittstown, N.J 08867
908-735-5912**