



PEBBLE BEACH  
EQUESTRIAN CENTER

## 2010 Summer Camp Enrollment Form

*Please fill out and return*

Camper's Name \_\_\_\_\_ Camper's age \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact person if Parent or Legal Guardian cannot be reached \_\_\_\_\_

Telephone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Please check off the camp session(s) you would like to attend. A non-refundable enrollment fee of \$100 per session is due with this application. Your reservation will **not** be held without enrollment fee(s) and completed enrollment forms.

_____ Session 1	June 7 – June 11	Enrollment Fee	\$100	<i>non-refundable</i>
_____ Session 2	July 26 – July 30	Enrollment Fee	\$100	<i>non-refundable</i>
_____ Session 3	August 2 - August 6	Enrollment Fee	\$100	<i>non-refundable</i>
_____ Session 4	August 9 - August 13	Enrollment Fee	\$100	<i>non-refundable</i>

**Total Enrollment Fees** \_\_\_\_\_ *due with application*

**Camp Confirmation:** You will receive a packet containing a confirmation letter confirming your camp session(s), friendly reminder schedule and important information you should know. If you prefer we contact you by email, please include your email address here: \_\_\_\_\_

**Camp Remaining Balance:** Remaining balance of \$325, per session, is due by **Thursday May 20<sup>th</sup>, 2010**. Refunds will only be issued with proof of Doctor's excuse.

**Camp Cancellation Policy:** Enrollment fee of \$100 is NON-REFUNDABLE.

**Credit Card Payment:** By providing your credit card information below, you authorize Pebble Beach Equestrian Center to charge the \$100 enrollment fee, per camp session, and charge your credit card for the remaining balance of \$325, per camp session, on **Thursday, May 20<sup>th</sup>, 2010**.

Visa/MasterCard number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC# \_\_\_\_\_

Signature: \_\_\_\_\_ Name on credit card (please print): \_\_\_\_\_

Billing address: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**P.O. Box 1498 Pebble Beach, CA 93953 (831) 624-2756 Fax: (831) 624-3999**

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