

Fantasy Farms Equestrian Center

Horsemanship program

PLEASE FILL OUT **ONE SHEET PER CHILD.**
PLEASE FILL OUT **ALL INFORMATION BELOW.**

2024 SUMMER SESSION.

CHILDS NAME: _____

AGE: _____

ADDRESS: _____

DAY PHONE: _____

EVE PHONE: _____

PARENT/GUARDIAN NAME: _____

E-MAIL ADDRESS: _____

9:30AM-1:30PM : Mon - Fri.

Please choose from the following weeks: \$370 per weekly session
\$95 PER INDIVIDUAL DAYS: 3 DAY MINIMUM

JUNE 10th _____

JULY 8th _____

JULY 22th _____

AUG. 5TH _____

_____ **do not fill out below.** _____

DEPOSIT (\$100.00 per child)

—\$ _____

10% DEDUCTION OFF **SECOND SIBLING ATTENDING THE SAME WEEK AS FIRST CHILD**

—\$ _____

BALANCE DUE UPON ARRIVAL 1ST DAY OF THE PROGRAM. \$ _____

CASH, CHECK, VENMO, ZELLE