

Day Camp Form

Chelsey & Cody Bush
Horse -N- Round Fun LLC
614-204-5353
horsenroundfun@gmail.com
horsenroundfun.com

Date of camp: _____ Time of camp: _____
Campers Name: _____ Age: _____ Grade entering: _____

Parent/Guardian's Names: _____ Phone Number: _____

Address: _____ City: _____ State: ____ Zip: _____
E-mail: _____

Emergency contacts and relation: _____ Emergency Contact Numbers: _____
1. _____
2. _____

The following have permission to pick up my child (Other than parents)

Name:	Relationship:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Please list any allergies, illnesses, disabilities or any other medical conditions:

Additional information you'd like us to know: _____

Pricing \$150 per camper

- Discounted to \$125 for added sibling (must be family)
- Limited spots available
- Payment is non-refundable
- Minimum of 48 hour notice if cancelling and wanting to be approved for transferrable payment
- No shows or cancelling less than 48 hours forfeits payment
- If we need to reschedule due to weather that's out of our control (storms, rain more than a sprinkle, or high winds), payment will be transferred to another camp date as we will plan more in the spring & summer

Payment method used: _____ Date paid: _____

Signature: _____ Date: _____