

ALFRED UNIVERSITY

RESIDENTIAL ENGLISH EQUESTRIAN CAMP

July 15-21, 2012
ENROLLMENT FORM

Your **\$875 camp fee** must accompany this form.
Deadline: **June 1, 2012**
(We will continue accepting campers after the deadline, only if space is available.)

To be completed by parent or guardian. Type or print clearly in ink only. Fill in all sections. **Incomplete or illegible enrollment forms cannot be accepted.** If enrolling more than one camper, please use a separate form for each.

Camper Information

Camper's Name: _____ Preferred First Name for Nametag: _____

Home Address: _____
Street City State Zip

Phone (number to call weekdays, between 8:30 am & 4:30 pm if we have questions): _____ Gender: Male Female

Camper's email: _____ Birth Date: _____ Age: _____ (must be at least 14 years old when camp starts)

Year of anticipated graduation from High School: _____ T-shirt size: x-small small medium large x-large

Name of School: _____ Coach's Name: _____

Roommate Preference, if any (name): _____ (Your roommate preference must also request you for their roommate.)

Has camper attended this camp in the past? yes no What is camper's skill level? Beginning Intermediate Advanced

Does the camper currently take riding lessons? yes no If yes, for how many years? _____ Please tell us more about the camper's riding experience (accomplishments, awards, competitive riding, pleasure riding, etc.): _____

What topics would you like to see covered in camp demonstrations/classes? _____



Will camper be bringing his/her own horse? yes no

Parent Information

Parent/Guardian's Name: _____ Parent/Guardian's Home Phone: _____

Work Phone: _____ Cell Phone: _____ email: _____

Payment

Please check one of the following:

My check in the amount of \$875 is enclosed (made payable to *Alfred University*).

Please charge to the following credit card VISA MasterCard AMEX Discover

Name of Card Holder: _____

Card Number: _____ CVV number: _____ Expiration Date: _____
(3 digit code on back of card)

Amount: \$ _____ Authorized Signature: _____

Card Holder Billing Address (if different from above): _____

Street
City State Zip code Card Holder Phone: _____

Send to: Summer Programs Office, Alfred University, Saxon Drive, Alfred, NY 14802, or fax to 607-871-2045, or scan and email to summerpro@alfred.edu (If you fax this form to us, please call to make sure we received it and that it is readable.)

Questions? Call 607-871-2612 or email us at the address listed above. Thank you!