



Callegari Equestrian Club

Summer Camp 2020

Registration Form

Rider's Name: _____
Age: _____ Parent/Guardian's Name: _____
Phone number: _____ City _____
Email: _____

Describe your child's previous riding experience, if any:

Rider's T-Shirt Size: _____

Does the rider have any allergies/medical condition? Yes/ No

Explain: _____

How did you hear about the Summer Camp at Callegari?

- Currently ride at Callegari Equestrian Club
- Google
- Facebook
- Other – Please provide details _____

Daily Program: 9:00 A.M. – 12:15 P.M.; LUNCH; 12:45 - 3:00 P.M.

Please put a check mark by the date(s) of interest:

- | | | |
|--------------------------|--|-------|
| <input type="checkbox"/> | June 22 nd -26 th | \$450 |
| <input type="checkbox"/> | July 13 th - 17 th | \$450 |
| <input type="checkbox"/> | July 27 th – 31 st | \$450 |
| <input type="checkbox"/> | Daily Rate | \$100 |

Enclosed is \$_____ for the deposit of the week(s) chosen above (checked) or the total quantity.
Please make checks payable to Callegari Equestrian with memo line note of Summer Camp and dates.

Types of Payment:

- Cash
- Check (Payable to Callegari – memo specific week of Summer Camp)
- Credit Card

If paying by CC:



Callegari Equestrian Club
Summer Camp 2020
Credit Card Authorization



VISA



MasterCard



Amex



Discover

Card Number:

First & Last Name on Card:

Verification Number: _____ (last 3 digits on the back of your card or the front if AMEX)

Expiration Date: ____ / ____ (month/year)

Transaction Amount: \$ _____

Email Address (to receive payment receipt):

Credit Card Billing Address:

Authorized Signature: _____

Mail this form and payment to:

Callegari Equine Technologies

12751 N Eldridge Pkwy

Cypress, TX 77429

Or e-mail this form (scanned) to:

gavin@callegarihorses.com

QUESTIONS?

Please contact the Director of Operations: Gavin Duffin (281) 304-7332

***Child Care will not be available after camp, late pick-ups will be assessed a \$60 late fee per hour.**