

# Spring Valley Full Day Registration – 2024

\$535.00 (8-15 years old)

Rec'd date \_\_\_\_\_  
Confirm Date \_\_\_\_\_  
Deposit Rec'd \_\_\_\_\_

Please register my child for: (circle desired session)

Session I                      July 22 – July 26                      Session III                      August 5 - 9  
Session II                      July 29 – August 2

Student's Second Choice: SESSION \_\_\_\_\_

Student's Name \_\_\_\_\_

Sex \_\_\_\_ Age \_\_\_\_ Has he/she attended the horsemanship program at Spring Valley before? \_\_\_\_

Parent/Guardians Names \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

**PLEASE REGISTER EARLY.** Registration forms and a \$250 non-refundable deposit must be received for each child for each session of the program by May 31, 2024, to ensure your space in the program. No spaces will be held without the full deposit. Final balance is due June 15, 2024 Any returned checks will be assessed a \$25 charge. There will be a \$25 late fee for any balances received after June 15, 2024.

**REFUND POLICY:** In anticipation of student's attendance in our program, various expenses are being incurred in his/her behalf. Among others, these include supplies, equipment, registration costs and staffing costs. Accordingly, there is a non-refundable deposit of \$250.00. A refund may be given on the program fee, minus the deposit, if notification in writing of a student's withdrawal is received at least three weeks prior to the program session or if the student is medically unable to attend the program. (Need a doctor's note) A full refund will be given only if we are unable to place you in the desired session choices.

I DO UNDERSTAND that my child is required to wear safety head gear that I shall provide. Spring Valley is granted the right to use any and all pictures taken of camp activities in their publication of materials for the promotion of Spring Valley activities. I agree to place him/her in the care of the camp, subject to all its rules and regulations.

Signed \_\_\_\_\_

RETURN FORM TO: Spring Valley Equestrian Center, 56 Paulinskill Lake Road, Newton, NJ 07860 (973) 383-3766