

Discover The Experience!
OXBOW STABLES & RIDING CLUB

Kid's
2012 SUMMER CAMP RESERVATION FORM

Please Print

Name		Birth Date
Street		School Grade
City		Phone
State	Zip	E-Mail

Please Check Week Days Attending, 5, 3, or 2 Days

June 25th thru June 29th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 2nd thru July 6th (2,3,4,days only) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 9th thru July 13th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 16th thru July 20th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 23rd thru July 27th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
July 30th thru Aug 3rd <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	Aug 6th thru Aug 10th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	Aug 13th thru Aug 17th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	Aug 20th thru Aug 24th <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	Aug 27th thru Aug 31st <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F

Program Fee: No of Weeks _____ @ \$ _____	TOTAL	
	Registration Fee for new students	+ \$35.00
FOR OFFICE USE ONLY \$75.00 DEPOSIT PAID - Check No. _____	TOTAL DUE	
	DEPOSIT	- 75.00
	BALANCE DUE	

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Card No _____	Expiration Date _____	Security Code _____
Name _____		
Address _____		
City _____	State _____	Zip _____

PLEASE LET US KNOW		
How did you learn about Oxbow?		
	Newspaper _____ <small style="text-align: right;">Name of Newspaper</small>	
<input type="checkbox"/> Internet	<input type="checkbox"/> Friend	<input type="checkbox"/> Old Student
<input type="checkbox"/> Other _____ _____ _____		

