

Discover The Experience!

OXBOW STABLES & RIDING CLUB

Kid's 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 27 to July 1 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 5 to July 8 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 11 to July 15 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 18 to July 22 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 25 to July 29 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
August 1 to August 5 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 8 to August 12 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 22 to August 16 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 29 to Sept 2 <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	
Full Day - 9:30 am to 3:00 pm - \$350/wk - 2 or more wks or family discount: \$315/wk Half Day - 12:00 to 3:00 pm - \$275/week - 2 or more weeks or family discount: #250/week	Registration Fee for new students \$35	
FOR OFFICE USE ONLY	TOTAL DUE	
\$75.00 DEPOSIT PAID - Check No. _____	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** _____
Name of Newspaper

Internet
 Friend
 Old Student

Other _____

