

Discover The Experience!

OXBOW STABLES & RIDING CLUB

Kid's



Phoenix Equestrian Center, LLC
39 Orts Road, Hamburg, NJ 07419



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

July 3 thru July 7 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 10 thru July 14 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 17 thru July 21 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	July 24 thru July 28 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F
July 31 thru August 4 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 7 thru August 11 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 14 thru August 18 <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> T <input type="checkbox"/> F	August 21 thru August 25 <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 - \$325/wk - 2 or more wks or family discount: \$300/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 \$50
	TOTAL DUE
FOR OFFICE USE ONLY	DEPOSIT - 75.00
\$75.00 DEPOSIT PAID - Check No. _____	BALANCE DUE

<input checked="" type="checkbox"/>	<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 _____



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