



Healing Horses, Kauai Camp Reservation

Camper Name: _____ Age _____ Height _____ Weight _____ Gender M F

Diagnosis: (If applicable) _____

Rider Experience: No Experience Previous camper Riding Lessons

Rider Goals: (all that apply) Recreation Sport Socialization Love Horses

2nd Camper Name: _____ Age _____ Height _____ Weight _____ Gender M F

Diagnosis: (If applicable) _____

Rider Experience: No Experience Previous camper Riding Lessons

Rider Goals: (all that apply) Recreation Sport Socialization Love Horses

Parent name(s): _____, _____

Home Phone: _____ Cell phone: _____

Email address: _____ Time to call morning afternoon evening

Address _____

Choose customized camp that works for you:

- Full Camp \$200 for 5 days (\$25 savings) (week or weeks desired)
- 3 days & up \$40 per day (\$15 savings) (the desired week and the days of choice)
- 2 or more siblings \$40 per day (\$10 per day of savings) (the desired week and the days of choice)
- 1-2 days of camp \$45 per day (days) (the desired week and the days of choice)

Payment: Credit card Check Cash

Card number: _____ Exp date: _____ CV code _____ ZIP _____

Please the all selected days and programs below:

Week of: June 11-15 June 25-29 July 9-13

Program	Monday	Tuesday	Wednesday	Thursday	Friday	# day <input checked="" type="checkbox"/>	Subtotal
Full Camp \$40/day						5 x \$40	\$200.00
3 days + \$40/day						___ x \$40	\$
Camper #1 \$40/day						___ x \$40	\$
Camper #2 \$40/day						___ x \$40	\$
1-2 days \$45/day						___ x \$45	\$
Total							

Please submit to Healing Horses, Kauai: Email to: hhkauai@gmail.com

Mail to: P.O. Box 2082, Kapaa, HI, 96746 or drop off at Healing Horses, Kauai