



THE HORSE PEOPLE INC

2010 RESIDENTIAL HORSEMANSHIP COURSES FOR COEDS

STUDENT'S NAME _____ NICKNAME _____

STREET ADDRESS _____

CITY _____ PROV/STATE _____ POSTAL CODE _____

PHONE:
HOME _____ CELL _____ OFFICE _____

EMAIL: _____

STUDENT'S BIRTHDATE _____ AGE JULY 1 _____ GENDER _____

MEDICARE # _____ HEALTH INSUR # _____

BUNKMATES REQUESTED _____

PLEASE CIRCLE TIME FRAME , CORRESPONDING FEE, ALONG WITH DATES REQUESTED

TIME FRAMES	RATES	SESSION DATES	1 ST	2 ND	CHOICE
2 WEEK FEE	2800.00	JUNE 27 TH -JULY 10th			
4 WEEK FEE	5400.00	JULY 11 TH -JULY 24 TH			
6 WEEK FEE	7800.00	JULY 25 TH -AUG.7 TH			

PLEASE ADD 5% GST TO CAMP FEE. A \$500.00 DEPOSIT PER EACH 2 WEEK SESSION , MUST ACCOMPANY REGISTRATION FORM

NEW STUDENTS PLEASE DESCRIBE RIDING
EXPERIENCE _____

SHOW
EXPERIENCE _____

MY RIDING GOALS ARE _____

WOULD YOU LIKE TO REFER A FRIEND? PLEASE LIST NAME AND COMPLETE ADDRESS BELOW

BRINGING YOUR OWN HORSE? PROOF OF COGGINS TEST AND INNOCULATIONS REQUIRED.

PLEASE HAVE HORSE SHOD AND DEEWORMED PRIOR TO ARRIVAL AT HPI. BOARD FOR 4 WKS

\$600.00 PLUS GST. PLEASE INCLUDE WITH CAMP FEE.

I WISH TO HAVE MY CHILD PICKED UP/RETURNED TO AIRPORT @ 50.00 PER TRIP? YES NO

I GIVE MY CHILD PERMISSION TO COMPETE OFF SITE, AND HAVE INCLUDED A DEPOSIT OF \$1,000.00 FOR HORSE LEASE, SHOW ENTRY FEES, and TRAILORING ETC.

CONDITIONS

1. A FORMAL RECEIPT WILL BE EMAILED UPON RECEIPT OF DEPOSIT AND REG. FORM
2. A DEPOSIT WILL BE REUNDED, IF CANCELLATION IS RECEIVED PRIOR TO MAY 1,2010
3. THERE WILL BE NO REDUCTION FOR CAMPERS ARRIVING LATE AND/OR LEAVING EARLY
4. THERE WILL BE NO REFUND SHOULD A CHILD BE SENT HOME DUE TO MISCONDUCT OR INAPPROPRIATE BEHAVIOUR
5. PARENTS AGREE THAT THEIR CHILD IS ABLE TO PARTICIPATE IN THE FULL PROGRAM OFFERED. PARENTS/GUARDIANS AGREE NOT TO HOLD RESPONSIBLE OR INDEMNIFY CAMP, CAMP OWNERS, STAFF, AND OR AGENTS, RESPONSIBLE, IN THE EVENT OF AN ACCIDENT OR SICKNESS, OCURRING TO THEIR CHILD. PARENTS GIVE PERMISSION TO THE HORSE PEOPLE INC TO SEEK MEDICAL ATTENTION OR MEDICATIONS, BEYOND WHAT IS FURNISHED, AND AGREE TO BE RESPONSIBLE FOR PAYMENT OF SUCH FEES.
6. I AGREE TO RELEASE HPI, OWNERS, AGENTS, AND STAFF FROM ALL DAMAGES, LIABILITIES, OR LIENS AND WAIVE ANY CLAIMS OR RIGHTS OF ACTION AGAINST SAME.
7. LIABILITY INSURANCE IS THE PERSONAL RESPONSIBILITY OF EACH PARENT/GUARDIAN.
8. BALANCE OF FEES IS DUE NO LATER THAN JUNE 1ST, TO ENSURE REGISTRATION.
9. PARENT/GUARDIAN MUST SIGN REGISTRATION FORM FOR VALIDATION.

DATE _____ SIGNATURE _____

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