

Date of Application: _____

MTR SUMMER CAMP

Processed By: _____

Application

CAMPER INFORMATION:

Camper's Name: _____ Age: _____ Date of Birth: _____

Address: _____ City, State, Zip Code: _____

Parent/Guardian: _____ Phone Number: _____ Email: _____

Are there any health considerations or physical/mental/emotional disabilities of concern? _____

Diagnosis: _____ Allergies: _____

Are there any activities that your child should not participate in? _____

CAMP SESSION & FEES

Please check session of choice. _____ Session I: July 19-July 23 _____ Session II: August 9 - 13

CAMP FEES: \$395.00 per session. (Sessions are 1 week, Monday - Friday from 9 am - 2pm)

Sibling Rate: \$350.00 per session **Attend both Sessions** for \$750.00

Non-refundable deposit of \$100.00 due June 1, 2010. **Balance to be paid in full on or before first day of camp**

PAYMENT OPTIONS

Pay by Check or Credit Card. Please check one:

Check # _____ Amount: _____ Balance remaining due first day of camp: _____

Credit card information: Name as appears on card: _____

Credit card number: _____ Expiration date: ____/____/____ Zip Code: _____

Mail to Maryland Therapeutic Riding, P. O. Box 6477, Annapolis, MD 21401
or deliver to MTR's farm address-1141 Sunrise Beach Road, Crownsville, MD 21032
Office/410.923.1187 Fax/410/923.1432