

Registration Form for Summer Riding Academy 2012

Child/Riders Name: _____

Child/Riders Age: _____ Experience Level: _____

Complete Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell Phone(s) _____

Email Address: _____

Parent Name: _____

Parent Signature: _____

50% deposit due with registration

Check Amount: _____ Check #: _____

Credit Card Type: _____ Credit Card Number: _____

Billing Address (if different from home address) _____

Expiration Date: _____ Signature: _____

Mail to: Bainbridge Equestrian Center
9889 Bainbridge Road
Chagrin Falls, OH 44023

bainbridgeequestraincenter.com



Full Day - \$250 Week (10am-3pm)
Half Day - \$125 Week (10am-12pm OR 1pm-3pm)

- | | |
|---|---|
| <input type="checkbox"/> June 11-15 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> June 18-22 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> June 25-29 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> July 16-20 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> July 23-27 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> July 30 thru Aug 3 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> Aug 6-10 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |
| <input type="checkbox"/> Aug 13-17 | <input type="checkbox"/> Full Day <input type="checkbox"/> AM only <input type="checkbox"/> PM only |