



REGISTRATION FORM

Clairvaux 2006 Summer Riding Camp

Please fill out this form (one per child), enclose check payable to Clairvaux LLC and send to: Clairvaux LLC, 40706 Farm Market Rd. Leesburg, VA 20176

Cost:

\$300 per week, if registered prior to June 1, \$350 per week, after June 1.

\$150 deposit (per child) due at time of registration, balance due by start of camp.

I would like to register for the following camp(s):

| Check Here | Date |
|------------|--------------------|
| | July 10 – 14 |
| | July 31 – August 4 |

| | | | | | |
|---|--|---------------------------------------|------------------------------|---------------------------------------|--------------|
| Name | | Age | | Birthdate (mo/day/yr) | |
| List prior experience with horses, if any: | | | | | |
| Address | | | City | | State Zip |
| Home Phone | | Mom's Name Work Phone / Cell Phone | | Dad's Name Work Phone / Cell Phone | |
| In case of emergency and neither Mother nor Father can be reached, whom should we notify?: | | | | | |
| Name | | Telephone | | Relationship | |
| Preferred Doctor/Telephone | | | Preferred Hospital/Telephone | | |
| Medical Information: Please list any and all physical handicaps, emotional or physical problems, chronic ailments or allergies, including any medications associated with disorders affecting attention span, and/or behavior, alertness or motor skills. | | | | | |
| All participants, as well as parents or legal guardians, must sign a liability waiver before the first day of camp. Waivers will be available on the premises at that time. | | | | | |

Executed by: _____

Date: _____

40706 FARM MARKET ROAD
LEESBURG, VIRGINIA 20176
PHONE: (571) 259-2034
WEB: WWW.CVEQ.COM