

APPLICATION FOR PAUSE AWHILE MARCH BREAK CAMP 2018



CAMPER INFORMATION

Full Name: _____ Date of birth: _____
Address: _____ City: _____
Postal Code: _____



SESSION DATES:

December 27 – 29 Full Week: _____ \$210.00 plus HST

January 2 – 5 Full Week: _____ \$280.00 plus HST

March break 12 – 16 Full week: _____ \$350.00 plus HST

Do you require extended hours? Yes: _____ No: _____ \$10.00 per hour, plus HST

Do you need to rent a helmet? Yes: _____ No: _____ \$15.00 per hour, plus HST



RIDING EXPERIENCE

Have you ridden before: Yes: _____ No: _____ How many years: _____ Where: _____

Ability: Walk: _____ Trot: _____ Canter: _____ Jump: _____

Briefly describe your interests and abilities:

Do you have any fears pertinent to camp – Animals?: _____



MEDICAL INFORMATION

Family Doctor: _____ Health card #: _____

Doctor Telephone : _____ Do you have any medical problems? (Please provide details): _____

Do you require any medications: _____



PARENT / GUARDIAN INFORMATION

Full Name: _____

Home # : _____ Cell #: _____

Office/Day #: _____

In an emergency, call: _____ Tel #: _____

Relationship: _____ Email: _____

DATE:

SIGNATURE:

Please return completed application and release forms along with a cheque payable to PAUSE AWHILE EQUESTRAIN CENTRE and mail to: Pause Awhile, A-13243 McCowan Road, Stouffville, Ontario, L4A 3Y5. Payments must be made in full with application to hold your spot. WE also accept eTransfer payments to karen@pauseawhile.com .
Use the password: camp2018

NO REFUNDS if cancelled less than 3 (three) weeks from the start of the session otherwise a cancellation fee of \$25.00 will apply. Visit www.pauseawhile.com or call us at 905-640-7232