

Weddle Training Stables

Summer Day Camp Reservation Form

Camp Dates Requested: _____

Camper's Name: _____ Age: _____

Parent/Guardian Name: _____

Address: _____

Best Contact Phone(s): _____

Alternate Contact Name: _____ Phone: _____

Any known allergies/medical conditions: _____

Other Needs/Considerations: _____

\$550 per week, 9AM to 4PM, Monday through Friday, includes required \$50.00 non-refundable advance deposit.

I give my permission for my child to attend summer day camp and grant permission to Dana Weddle to contact emergency medical services in the event that I cannot be reached immediately by phone. I acknowledge that I must sign a Release of Liability form for my child at the start of the first day of camp. I DO ___ DO NOT ___ give permission for my child to swim with adult supervision.

Parent/Guardian Signature: _____ Date: _____

REQUIRED \$50 deposit with DATES REQUESTED and contact information.

-Pay via Check and Mail reservation form to:

Dana Weddle, 12416 FM 1826 Austin, TX 78737

-Pay via **PayPal** ("send to friend" option, note **DATES REQUESTED!**) to:

weddleshowhorse@hotmail.com