



AT THE WARWICK CONFERENCE CENTER, P.O. BOX 349, WARWICK, NY 10990

Phone: 845-986-1164 / Fax: 845-986-8874

Email: campwarwick@campwarwick.org OR campwarwickregistrar@gmail.com

WINSLOW THERAPEUTIC RIDING CENTER CAMP SUNRISE 2017

NAME: _____

AGE: _____ WEIGHT: _____ HEIGHT: _____

RIDING ABILITY *(Please check one)*

- _____ Has had NO experience with horses
_____ Has had SOME experience with horses
_____ Has had EXTENSIVE experience with horses

I am currently registering to attend Camp Sunrise Week 1 and/or Week 4 (choose applicable session(s) below), and would like to participate with the additional program(s) at Winslow Therapeutic Riding Center.

_____ CAMP SUNRISE WEEK 1 / June 25 – 30, 2017

_____ CAMP SUNRISE WEEK 4 / July 16 – 21, 2017

NEED TO KNOW INFORMATION

- **\$55.00 Fee** - Covers two hours of time at Winslow Therapeutic Riding Center one day during the camp week
- Weight Limit of **225 lbs.** (no exceptions)
- Long pants and closed toed shoes (sneakers or boots) are required
- Since Winslow Therapeutic Riding Center regularly provides opportunities to individuals with special needs, they are able to accommodate most every camper, even to a certain extent, those who require the use of a wheelchair. Please call the Camp Registrar if you have specific questions about your camper and the Winslow opportunity.

I have read (or had read to me) the above information and understand and agree to the guidelines stated.

Signature of Camper (or Guardian/Caregiver)

Date