



2029 N Cliffe Dr, Richardson, TX 75082

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www.windmillstables.com

Windmill Stables

Richardson, TX

CAMP REGISTRATION FORM

Camper's Name: _____ DOB: _____ Age (by Camp): _____ M/F

Address: _____ City: _____ State: _____ Zip Code: _____

Guardian's Name(s): _____ Phone #: _____

Alternate Phone #: _____ PRIMARY Email Address: _____

I hereby authorize the Staff to allow my child to leave with only these people (other than parents):

Name: _____ Phone #: _____ TDL#: _____

Name: _____ Phone #: _____ TDL#: _____

PERMISSION FOR USE OF PHOTOS:

I Allow: _____ Do Not Allow: _____ Windmill Stables to use my child's photo for advertisements, the website or other marketing to promote our facility. I understand names will be kept confidential.

Signature of Guardian: _____ Date: _____

Type of Camp (circle one): **Intro/Beginner** **Beg/Intermediate** **Beg/Int (3 day)**

Camp Week(s): _____

Date deposit received: _____ Form of payment (ck#): _____

***\$100 deposit (beginner/intermediate) required for registration. Balance due on first day of camp. (can be paid by Credit Card / Check / Cash)

***Full Liability Waiver Form must be completed and attached to Camp Registration Form