



ENGLISH RIDING ACADEMY
LEG UP EQUESTRIAN

A COMBINED TRAINING & HORSEMASTERSHIP SCHOOL



2017 Summer Day Camp - Registration!

2017 Summer Camps!

2017 Summer Camp Sessions

Camp #1	___ June 5-9	Extended Session	Beg. (1-2) Inter. (3-4)
Camp #2	___ June 12-16	Extended Session	Beg. (1-2) Inter. (3-4)
Camp #3	___ June 19-23	Extended Session	Beg. (1-2) Inter. (3-4)
clinic	___ June 26-29	Specialty - Drill Team Camp	(Inter/Adv Levels 6-9)
Camp #4	___ July 10-14	Extended Session	Beg. (1-2) Inter. (3-4)
Camp #5	___ July 17-21	Extended Session	Beg. (1-2) Inter. (3-4)
clinic	___ July 24-27	Specialty - Eventing Clinic	(Inter/Adv Levels 6-9)
Camp #6	___ July 31-Aug 4	Extended Session	Beg. (1-2) Inter. (3-4)
Camp #7	___ August 7-11	Extended Session	Beg. (1-2) Inter. (3-4)

Extended Sessions: \$375
(M-F) 8:00 AM - 2:00 PM

Specialty Camps/Clinics:
prequalification req. - ask Cathy!

After Camp Program: \$75
Pickup by 5:30 PM (Mon-Thur)
available for extended session dates only
Limited After-Camp Program spots
available for each session.

Camps fill early -
Your deposit guarantees your spot!

Changes & Cancellations Policy
we'll do our best to accommodate you:

no fees for Camp Session changes - if
space is available in an alternate session,
and made at least **15** days in advance;
50% refund for cancellations over **30** days.

Availability on a first come basis. **DEPOSIT Guarantees your spot!**

Camp Tuition:

\$150 Deposit required for each session. Limited space available
(no fee for session changes made at least 15 days in advance (\$25 for changes less than 15 days);
50% refund for cancellations made at least 30 days in advance; no cancellations less than 10 days.

- Your **DEPOSIT** guarantees your spot!

Extended Sessions: ___ x \$375/ea. = _____

Specialty Camps/Clinics: = _____

After Camp Program: \$75/ea. = _____

Camp Total: _____

Camp Deposits = _____ Check# _____

Camper's Name: _____

Age ___ Birthdate _____ Grade (FALL 2017) _____

School (Fall 2017) _____

Parents' Names: _____

Home Address: _____

City, State, Zip: _____

Phone (hm): _____

Phone (cell): _____

e-mail: _____

Parent Contact Info:

Free Camp Tee with registration! (Extra shirts: \$15/ea.)

___ YS ___ YM ___ YL ___ S ___ M ___ L ___ XL

office use only:

Deposit: _____ Date Rec: _____ Check# _____

Checks Payable to:

Leg Up Summer Camps
431 Meadowside Drive | Fort Mill, SC 29715

Thank you for choosing Leg Up Equestrian!