

# Juckas Stables Camp Registration

845-361-1429



Date registration mailed: \_\_\_\_\_

Camper's Full Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Alt # \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-Mail address: \_\_\_\_\_ Camper's age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight \_\_\_\_\_ Health \_\_\_\_\_

Does your child/camper have any allergies, medical or behavioral issues or food restrictions we should be aware of? \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

Family Dr \_\_\_\_\_ Dr.'s Phone \_\_\_\_\_ Insurance Carrier: \_\_\_\_\_ ID # \_\_\_\_\_

Person to call if parent unavailable: \_\_\_\_\_ Phone # \_\_\_\_\_ Relation? \_\_\_\_\_

Describe your camper's experiences with horses: \_\_\_\_\_

What is your child/camper **most** looking forward to at camp? \_\_\_\_\_

## Horse Camp Session(s):

## Payment:

*(Register by May 15<sup>th</sup> to receive \$25 discount per camper)*

_____ Session 1	<b>June 27-July 1</b>	8:30-11:30 am.	\$225	_____
_____ Session 2	(5 Days)	2:30-5:30 pm.	\$225	_____
_____ Session 3	<b>July 6-8</b>	8:30-11:30 am	\$150	_____
_____ Session 4	(3 days)	2:30-5:30 pm.	\$150	_____
_____ Session 5	<b>July 11-15</b>	8:30-11:30 am	\$225	_____
_____ Session 6	(5 Days)	2:30-5:30 pm.	\$225	_____

## Overnight Camping Option: \$60 per camper, \$80 per non camper (6 camper min, 15 camper max)

*(Register by May 15<sup>th</sup> to receive \$10 discount per overnight guest)*

Friday, July 1<sup>st</sup> 6:00pm - 9:30am \_\_\_\_\_

Friday, July 9<sup>th</sup> 6:00pm - 9:30am \_\_\_\_\_

Friday, July 15<sup>th</sup> 6:00pm - 9:30am \_\_\_\_\_

**Cost** \_\_\_\_\_

Early Registration (postmarked by May 15<sup>th</sup>) Discount - \_\_\_\_\_

**Total Cost** \_\_\_\_\_

**To reserve your child's place in camp:** Mail Registration and Payment to:  
**Pam Juckas 59 Bruyn Ave, Pine Bush, NY 12566**  
**(Make checks payable to "Pam Juckas")**

Print name Parent/Guardian \_\_\_\_\_ Signature: \_\_\_\_\_

Phone #'s where Parent(s) can be reached during the day during camp week: \_\_\_\_\_

Name and phone number of person(s) picking up child: \_\_\_\_\_

List name of anyone we should **NOT** release your child to? \_\_\_\_\_