



THE STABLES

15TH ANNUAL SUMMER HORSE CAMP

Camp is designed for all levels of riding skills, ages 7 – 14

INCLUDES:



Clinics on Horse Grooming, Ground Handling, English and Western Riding Techniques, Trail Rides, Gymkhana, Riding to Music, Arts & Crafts, Horse Body Painting & Intro to “Horse Soccer”

Plus: Swimming at Margaritaville with a daily Fast Pass Wrist Band!

We offer nine different weeks of day camp for your scheduling convenience:

2019 SUMMER CAMP SCHEDULE

| | |
|-----------------------------------|-----------------------------------|
| Week 1 | May 28 - May 31st (4 days- \$400) |
| Week 2 | June 3 - June 7th |
| Week 3 | June 10 - June 14th |
| Week 4 | June 17 - June 21st |
| Week 5 | June 24 - June 28th |
| Week of July 4th (NO CAMP) | |
| Week 6 | July 8 - July 12th |
| Week 7 | July 15 - July 19th |
| Week 8 | July 22 - July 26th |
| Week 9 | July 29 - Aug 2nd |

MONDAY – FRIDAY, 9 AM – 4 PM

(Note: Week 1 is only 4 days/ Tuesday – Friday)
There will be NO CAMP during the July 4th week!

Friday is Parents Day, with awards and riding demonstrations!

TUITION: \$500 per child/per week (includes Family Fun Park & T-shirt)

REGISTER AND PAY BY MARCH 31st TO RECEIVE A \$50 DISCOUNT!! (\$450.00)

For more information, call Beth Pedaggi, at 470-323-3485

SUGGESTED ITEMS TO BRING

- Bathing Suit and Towel
- Water Shoes (optional)
- Sunscreen and Bug Spray
- Lunch and Water bottle (we provide snack/drink)
- Proper Riding Attire

Camper should come dressed to ride in comfortable pants and close-toed shoes with a ½ in. heel. No thick treaded hiking boots. We provide the riding helmet if student does not have his/her own!

Please make sure all personal items are labeled with your child's name. Also, please notify us of any special needs your child may have that might restrict them during our daily camp activities.

DAILY ACTIVITIES

| | |
|--|----------------------|
| Ride Time | 9:00 AM – 12:30 PM |
| Lunch | 12:30 PM – 1:30 PM |
| Arts & Crafts / Educational Fun Time | 1:30 PM – 2:30 PM |
| Swimming at Margaritaville's Family Fun Park | *2:45 PM – 4:00 PM** |

OPTIONAL ACTIVITIES

- Horse Crazy Masterpiece Art on Tuesday \$25.00
- Paddle Boarding on Thursday \$25.00

*This year, Zip Lining over Big Beach is included at Margaritaville!

**Parents MUST pick-up children at the Water Park drop off/ pick up area at 4:00 PM sharp.

TUITION

Camp tuition is \$500.00. A non-refundable \$100.00 application fee must accompany this form. The remaining \$400.00 tuition balance is due by May 25th, 2019 (\$350 if paid in full by March 31st)

No refunds will be given after May 25, 2019. A credit will be offered for use at THE STABLES.

REGISTER AND PAY BY MARCH 31st AND RECEIVE \$50 DISCOUNT! (\$450.00)

FOR YOUR RECORDS

| | | | | |
|---|-----------------|---------------------------|------------|---------|
| Tuition \$500.00 (\$450 if paid by 3/31) | | | | |
| Deposit \$ _____ | Date Paid _____ | CASH_____ | CHECK_____ | CC_____ |
| Bal Due \$ _____ | Date Paid _____ | CASH_____ | CHECK_____ | CC_____ |
| Date Paid In Full_____ | | Payment received by:_____ | | |

Make checks payable and mail in with application to:
The Stables/Margaritaville at Lanier Islands Attn: Beth Pedaggi
7650 Lanier Islands Parkway, Buford, GA 30518
Email: bpedaggi@islandsentertainment.com

You may also pay over the phone with credit card by calling 470-323-3485 Please ask for Beth!

15TH ANNUAL SUMMER HORSE CAMP

(AGES 7 – 14)

REGISTRATION FORM

Camp Week - Please indicate choice(s) in order of preference (1st, 2nd, etc.):

- | | | | |
|------------------------|---------------|--------------------------|-------|
| 1. May 28 – May 31st | _____ (4 day) | 6. July 8 – July 12th | _____ |
| 2. June 3 – June 7th | _____ | 7. July 15 – July 19th | _____ |
| 3. June 10 – June 14th | _____ | 8. July 22 – July 26th | _____ |
| 4. June 17 – June 21st | _____ | 9. July 29 -- August 2nd | _____ |
| 5. June 24 – June 28th | _____ | | |

Interested in knowing more about Thanksgiving / Fall break camp? Yes No

CAMPER INFORMATION

Child's Last Name: _____ First Name: _____ MI: _____

Age: _____ Sex: _____ Present School: _____ Grade: _____

Parent E-mail: _____ Parent Phone: _____

Street Address: _____ Apt. No: _____

City: _____ State: _____ Zip: _____

LEVEL OF RIDING ABILITY: _____ BEGINNER _____ INTERMEDIATE _____ ADVANCED

Has Ridden/0-10 times? _____ Is Taking Lessons/How long? _____ Is Showing/How long? _____

Has attended this camp before _____ No. of years _____

Please give a brief description of your child's personality. (E.g. Is he/she quiet or talkative? Timid or assertive? How athletic is he/she?) This allows us to better place your child with the proper horse.

TUITION:

REGISTER AND PAY BY MARCH 31st AND RECEIVE \$50 DISCOUNT! (\$450.00)*

FOR OFFICE USE ONLY

| | | | | |
|--|----------------------------|------------|-------------|----------|
| Tuition \$500.00 (\$450* if paid by 3/31) | | | | |
| Deposit \$ _____ | Date Paid _____ | CASH _____ | CHECK _____ | CC _____ |
| Bal Due \$ _____ | Date Paid _____ | CASH _____ | CHECK _____ | CC _____ |
| Optional Activities: | | | | |
| Horse Crazy Masterpiece Art | \$25 _____ | CASH _____ | CHECK _____ | CC _____ |
| Paddle Boarding | \$25 _____ | CASH _____ | CHECK _____ | CC _____ |
| Date Paid In Full _____ | Payment received by: _____ | | | |

PARENT CONTACT INFORMATION:

Mother’s Name: _____ Home # _____ Other # _____

Father’s Name: _____ Home # _____ Other # _____

Emergency Contact (other than parent) – Person to call in the event a parent cannot be reached:

Name: _____ Phone # _____ Relationship: _____

HEALTH PROFILE:

Child’s Name: _____

Mother’s Name: _____ Home # _____ Other # _____

Father’s Name: _____ Home # _____ Other # _____

Doctors Name: _____ Phone # _____

Insurance Company: _____ Phone # _____

Please list all/any medications currently taken: _____

Please list all/any allergies: _____

Please list all/any medical conditions that would restrict your child from fully participating in all activities: _____

LEGAL GUARDIAN - PLEASE READ AND SIGN:

In the event of a medical emergency, I authorize Lanier Islands/Margaritaville to contact medical personnel to treat my child.

Print Name: _____ Signature: _____ Date: _____

PAYMENT INFORMATION:

I _____ (print name) have read and do agree to the payment terms as described on this form.

Signature of Parent or Legal Guardian: _____ Date: _____

Make checks or money orders payable to The Stables/Margaritaville at Lanier Islands and mail with application to:

The Stables @ Lanier Islands/Margaritaville

Attn: Beth Pedaggi

7650 Lanier Islands Parkway

Buford, GA 30518

Email: bpedaggi@Islandsentertainment.com