Full of Grace Farm 2019 Summer Horsemanship Program

Week long program designed to give your child (ages 7-17 yrs) a solid Horsemanship foundation -- for beginners & current riders. Activities include horse behavior, training, safety & care along with structured riding, ground-skills, horse games and summer fun!

Sessions:	•			00 (Pal Duo, July 1)
☐ July 22–26 (<i>Bal Due: June</i> Hours: 9am – 3pm.	(B) Hug 5–9	ai Due: June 1/)	□ Aug 19−	23 (Bat Due: July 1)
 Early drop off or late pick up a 		rangement – ad	lditional fee o	f \$10/hour.
Costs: \$375.00 per child - (ages 7-		.1		
\$100.00 non-refundable depo\$25 Late Fee per child, per we			isted due date	20
Discounts: After initial \$375.00 per o				
Please check <u>one</u> :				
☐ Multiple Weeks Total addi				
☐ Multiple Children Total ad	-	· · · · · · · · · · · · · · · · · · ·		Total Discount
• Discounts may be waived & applied YES! My family would like to a			псу меаксан	runa.
Please check <u>one</u> :	ppig our discount to	.		
□ Hay Fund				
☐ Emergency M		sta Dofund no	li orr mofomom oc	d anlina
 <u>Discounts cannot be combined</u> <u>NOTE Discounts will Not be app</u> 		_	•	
**Please Note: Deposits, Emerg	-	•		
wi	ith tȟis form to hol	ld rider's spot*	*	v
Sessions: \$375 per week (total weeks):	\$	_ (\$350 for <u>C</u>	<u>Current</u> Barn R	atz & FOG Riders)
Discount: \$25 per week <u>OR</u> add'l children	\$	_	ng Discount, s	see above
TOTAL DUE:	\$	_		
Deposit: \$100 per-child/per-week (total):	hild/per-week (total): - \$ (Must be included to hold rider's spot)			
BALANCE DUE:	\$	_		
All riders are required to bring a bag lur other items with rider's name. Small sele approved helmet if you have one. Riders and should plan to bring bathing suit, to any other comfort items as needed. *NO	ections of helmets ar must wear a closed wel and sneakers fo	e available for ı toe shoe (with c r water fun. Ple	ıse, or you ma ı heel if possib ase pack suns	ny bring your ASTM nle) and jeans for riding, creen, bug spray and
Rider(s) Name:	Birth Date:			
Rider(s) Name:	Birth Date:			
Parent's Names:				
Address:		<u>City:</u>		Zip:
Email:				
Home Phone:	Cell Phone(s)):		
*Referred By:		Please be s	sure to note if a	FOG member referred you!
Please make checks payable to <u>Full o</u>	of Grace Farm • Ma	il to: 107 Broo	kline Ave, H	olyoke, MA 01040
Office use only: EInfoSheet Releas	se PickUn	Denosit	/ Ck#	Ral / Ck#