

Name: _____

Agreement
Centaur Rising
Horse Camps 2017

303-847-9862 Kris cell/text

Please circle the dates that you (or your child) is available to help at this year's horse camps. Thank you. Kris

	<u>Day of Week</u>		
	T	W	Th
June	6	7	8
June	13	14	15
June	20	21	22
June	27	28	29
July	11	12	13
July	25	26	27
August	1	2	3
August	8	9	10

I have circled the dates above that you can count on me/my child to help at camp. I understand that if an emergency arises so that I/he/she cannot be here, I will call Kris and let her know.

I understand that I/my child will need to be at Anchorage from 8:30am until 3:00pm on the above dates. Staff may be needed at earlier or later times.

Please indicate below any particular needs, interests or expectations:

Signed:

Parent/Staff

Date: _____