

# Horsemanship Camp

## 2016-17 Registration Form



### Miracle Ranch program info

Saddle up for a great weekend or week of horses, good friends and time with God!

It's all here for both beginning and experienced riders. Includes instruction for Western riding, overnight accommodations in a heated cabin, incredible food, and all the grooming, saddling and riding you can handle!

Starting Date / Time	Ending Date / Time	Campers	Grades	Cost
Horse Xtravaganza Weekends				
FALL: Friday Oct 21, 2016 6 pm+	Sunday Oct 23, 2016 11 am	Girls & Boys	4-8	\$189*
WINTER: Friday Feb 10, 2017 6 pm+	Sunday Feb 12, 2017 11 am	Girls & Boys	4-8	\$189*
SPRING: Friday Apr 21, 2017 6 pm+	Sunday Apr 23, 2017 11 am	Girls Only	4-8	\$189*
ADVANCED: Friday Apr 28, 2017 6 pm+	Sunday Apr 30, 2017 11 am	Girls Only^	4-8	\$209*

+includes dinner    ^must be CHA level 2    \*includes 5 meals

### camper info

Please rate your camper's horse riding ability from beginner to advanced. Circle the number below.

Beginner 1 2 3 4 5 6 7 8 9 10 Advanced

Last Name \_\_\_\_\_ First \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Cell Phone

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother's Work Phone Father's Work Phone

Email address \_\_\_\_\_

Emergency Contact / Relationship \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Emergency Phone

Current Grade \_\_\_\_\_ Child's Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

Attended Island Lake or Miracle Ranch before? Yes  No

Which camp? \_\_\_\_\_ Year \_\_\_\_\_

**Cabin Mates:** You may choose up to two cabin mates and they must also choose you. All requests must be submitted before camp begins. Cabin mates must be within two consecutive grades.

#1 Cabin mate preference \_\_\_\_\_

#2 Cabin mate preference \_\_\_\_\_

**Emergency Consent and Photo Release:** I hereby give my consent for my child to participate in camp activities, and receive routine and/or emergency medical care from a physician or emergency facility, in case I cannot be reached in an emergency. I give my permission for CRISTA Ministries to use any photos taken of me or my family at any CRISTA event in their publications, and I release all rights to remuneration for such photos.

X \_\_\_\_\_  
Parent/Guardian Signature

**Complete form and mail, with full payment to:**  
CRISTA Camps ■ 12500 Camp Ct NW ■ Poulsbo, WA 98370

Phone: 360.697.1212 ■ Toll Free: 1.877.723.4373  
Fax: 360.697.1709 ■ information@cristacamps.com

payment




**Sponsorships:** Can you help sponsor a camper who cannot afford the entire camp fee? In addition to my total registration fee I've included a donation of:

- \$25     \$50  
 \$100     \$200  
 Other (\$ \_\_\_\_\_)

Calculate the total cost of the camps and activities selected:

#	Program	Cost	Total
	FALL: October 21-23, 2016	\$189	\$
	WINTER: February 10-12, 2017	\$189	\$
	SPRING: April 21-23, 2017	\$189	\$
	ADVANCED: April 28-30, 2017	\$209	\$
<b>Total Fees:</b>		\$	\$

PAYMENT OPTIONS:

-     

Check or Money Order Total amt. enclosed \$ \_\_\_\_\_

\_\_\_\_\_  
Name on card (print)

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_

X \_\_\_\_\_  
Authorized signature

Cancellations subject to a \$25 fee. \$40 fee for returned checks. No refund will be given for cancellations within 30 days of the first day of camp.