

Arrowmont Stables & Cabins, LLC
276 Arrowmont Trail, Cullowhee, NC 28723
828-743-2762 or 800-682-1092, 828-743-3753 Fax
Application
Summer Horse Day Camp 2013

Save 20%
Register & Pay
by 3/09/13

Don't Hesitate. **Call Today To Enroll Your Child.**
Very Limited Enrollment For Ages 7 – 15

Dear Parent, You get to choose your best time for your child's Summer Horse Camp:

**Five Whole Days, 10 AM to 4 PM, Monday – Friday, Only ~~\$897~~ \$717.60, Available –
June 24 – 28, 2013**

**Two Whole Days, 10 AM to 4 PM, Thursday & Friday, Only ~~\$438~~ \$350.40, Available –
July 4 + 5, July 11 + 12, July 18 + 19, July 25 + 26, August 1 + 2**

**Two Half Days, 1 PM to 4 PM, Monday & Tuesday, Only ~~\$254~~ \$203.20, Available –
July 1 + 2, July 8 + 9, July 15 + 16, July 22 + 23, July 29 + 30 & August 5 + 6**

Dear Arrowmont,

Please accept my child's application for enrollment in the 2013 Summer Horse Camp Day Program.

Dates of Session _____ Whole Day _____ Half Day _____

Child's Name _____

Child's Age _____ Height _____ Weight _____

Parent's Name _____

Mailing Address _____

City _____

ST _____ Zip _____

Home Phone _____ Business Phone _____

Cell Phone _____

Email _____

I learned about Arrowmont's Horse Camp from _____

- ☐ I'm registering before March 9th, & only paying ~~\$897.00~~ **\$717.60** for 5 Whole Days
- ☐ I'm registering before March 9th, & only paying ~~\$438.00~~ **\$350.40** for 2 Whole Days
- ☐ I'm registering before March 9th, & only paying ~~\$254.00~~ **\$203.20** for 2 Half Days
- ☐ Yes, Charge my card today the full payment. I will fax this Application to 828-743-3753 or email it to: information@arrowmont.com **OR** call 1-800-682-1092
(Local number - 828-743-2762) Monday – Friday, 9 am to 5 pm to enroll my child.

Name On Card _____ Signature _____

Credit Card Number _____

Expiration Date: Month _____ Year _____ Card Statement Zip Code _____

CID Number _____ (For MasterCard, Visa & Discover it's the last 3 digits on the back of the card where

