

## Horse Program Registration Form

Horse Program Reservation and fees must be in Oklahoma City Service Center NO less than three (3) months prior to camp date.



\*Reservation subject to availability of facilitators

**girl scouts**

**1 hour and a half session**

**\*Maximum of 8 Per Session**

\$20 Per Person

All Riders must be in 5th grade or higher.

Troop/Group Information		
Troop/Group Number:	CST:	Troop/Group Level:
Address:		
City:	State:	Zip:
Day Phone:	Evening Phone:	Alternate Phone:
E-Mail: *Primary Contact will be through Email		
Level 1 First Aider Name:		Year Trained:

Date(s) Requested				Estimated Attendance	
<b>1st Choice</b>	Month/Date/Year	Time:	9 AM	# Girls	_____
			10:30 AM	# Adult Women	_____
				# Adult Men	_____
<b>2nd Choice</b>	Month/Date/Year	Time:	9 AM	# Girls	_____
			10:30 AM	# Adult Women	_____
				# Adult Men	_____

Troop/ Group # (or name) \_\_\_\_\_ believes the stewardship of our camps and their resources are our responsibility and privilege. To demonstrate this, we promise to leave our site better than we found it. We will adhere to all rules, regulations and responsibilities.

Contact Person: \_\_\_\_\_ Date: \_\_\_\_\_

- Calculate fee on back of form
- Mail or fax completed forms and fees, to the Service Center
- Faxed forms without a credit card number will not be accepted. Telephone registrations are not accepted

# TROOP/ GROUP PARTICIPANTS

Girl or Adult Name	Girl or Adult	Grade Level	Paid With Cash, Check or Credit Card	TOTAL PAID
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
<b>TOTAL</b>				

We welcome Girl Scouts with special needs, please list their names and any special needs or restrictions:

### Non Member Insurance:

Any person on camp property must be registered Girl Scouts or Non-Member insurance must be purchased. Please calculate payment here and include with your reservation:

# of Non-Members : \_\_\_\_\_ X 11¢ each = \_\_\_\_\_ X # of days = \_\_\_\_\_ Total Payment Due= \_\_\_\_\_

NOTE: If the total fees due is less than \$5, please send the minimum fee of \$5. If the fee is over \$5, please send the total due.

### Payment Information

Circle Method(s) of payment:      Cash/ Money Order      Check      Discover  
    Mastercard      Visa

Account # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature of card holder: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Fee enclosed \$ \_\_\_\_\_ Date \_\_\_\_\_ Notification sent Date: \_\_\_\_\_ Initial \_\_\_\_\_

Receipt # \_\_\_\_\_ Initials \_\_\_\_\_ Date entered \_\_\_\_\_ Initials \_\_\_\_\_

Cash \_\_\_\_\_ Check \_\_\_\_\_ CD \_\_\_\_\_ Charge \_\_\_\_\_