



IDYLWOOD STABLES

2011 CAMP INFORMATION & APPLICATION

Register early. Space is limited to maintain a low student/instructor ratio!

Camp Dates & Time

See Below

9:00 am – 3:30 pm

Transportation available from Doss Elementary School in Northwest Hills

Departs 8:30 am

Returns 4:00 pm

Camp Cost & Payment Information

The cost *for each Summer Camp session* is **\$295**.

A **\$100 NON-REFUNDABLE** deposit must be received to reserve your child's camp session. Camp registration is done on a first-come, first-served basis.

Application and Payment Mailing Address

**Idylwood Stables
7129 Chimney Corners
Austin, TX 78731**

The balance of \$195 (per week) will be due the first day your child attends camp.

CAMPER'S
NAME _____

Medical Insurance

Campers are required to have medical insurance. Please provide a copy of your current insurance card along with the completed application.

INSURANCE COMPANY _____

PHONE NUMBER _____

INSURED NAME _____

PLAN/GROUP/ID NUMBER _____

Camp Sessions

<p>Winter Break 2010 9:00 am – 3:30 pm (\$55/day)</p> <p><input type="checkbox"/> Dec 21 - 24 (4 days)</p> <p><input type="checkbox"/> Dec 28 – 31 (4 days)</p> <p>Spring Break (\$295) 2011</p> <p><input type="checkbox"/> March 14 – March 18</p>	<p>Summer Break (\$295/Session) 2011</p> <p><input type="checkbox"/> June 2 – 3 (2 days) <input type="checkbox"/> July 18 – July 22</p> <p><input type="checkbox"/> June 6 - June 10 <input type="checkbox"/> July 25 – July 29</p> <p><input type="checkbox"/> June 13 - June 17 <input type="checkbox"/> August 1 – August 5</p> <p><input type="checkbox"/> June 20 – June 24 <input type="checkbox"/> August 8 – August 12</p> <p><input type="checkbox"/> June 27 – July 1 <input type="checkbox"/> August 15 – August 19</p> <p><input type="checkbox"/> July 4 –July 8</p> <p><input type="checkbox"/> July 11 – July 15</p>
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Transportation

- We will use Idylwood transportation:
Northwest Hills
Doss Elementary – 7005 Northledge Drive To Camp From Camp
- We will provide our own transportation.

Authorization for Emergency Medical Treatment

I / we hereby authorize Idylwood Stables' representatives to seek any medical treatment they deem necessary for my child in my absence and acknowledge responsibility for any medical costs incurred for such treatment.

MOTHER'S SIGNATURE

DATE

FATHER'S SIGNATURE

DATE

FOR OFFICE USE ONLY					
No. Sessions		Insurance		Total Due	
Deposit Rec'd		Liability		Final Payment Rec'd	