



HIGH HOPES THERAPEUTIC RIDING, INC.
Participant Services Invoice
~ Horse Sense Camp 2019 August 5-8. 2019

Thank you for submitting your online camp application!

The next steps in completing your application:

- Complete and submit payment form (below)
- If you did not complete your application online please print the Horse Sense Registration Pack and return to high hopes (the pack can be accessed from the Summer Camp page on our website)
- Download Participant Medical History & Physicians Statement
 - Send to your physician to complete and return to High Hopes

Week ____ of Horse Sense Camp Four day session (Mon - Thurs, 9:00am- 1:00pm)
(use corresponding # below)

Fee: \$250 per camper per week

Number of campers: _____

Total Amount Due: \$ _____

Date Paid: _____

Check #: _____

Retain this portion for your records.

~ Return this portion with your payment ~

*Please make checks payable to:
High Hopes Therapeutic Riding, Inc.*

Mail to:

*High Hopes Therapeutic Riding, Inc.
36 Town Woods Road
Old Lyme, CT 06371*

HORSE SENSE SUMMER CAMP 2019

Camper Name: _____ Date: _____

Additional Camper Name(s): _____

Phone Number: _____ Amount Paid: \$ _____

Email: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____