



HIGH HOPES THERAPEUTIC RIDING, INC.
Participant Services Invoice
~ Summer Camp 2019 ~

Thank you for submitting your online summer 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 and complete the registration form that can be found on the Summer Camp page of our website.
- Download Participant Medical History & Physicians Statement
 - Send to your physician to complete and return to High Hopes

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

Fee: \$400 per camper per week
\$40 *Extended camp hours* week 3 only

Number of campers: _____
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*

Camper Name: _____ Date: _____

Additional Camper Name(s): _____

Phone Number: _____ Amount Paid: \$ _____

Email _____

Session indicated on application

(Please Circle)

1	June 24 – June 27	(Mon - Thurs, 9:00am- 1:00pm)	Fee: \$400
2	July 8 – July 11	(Mon - Thurs, 9:00am-1:00pm)	Fee: \$400
3	July 15 – July 18	(Mon - Thurs, 9:00am-1:00pm)	Fee: \$400 or 9am-3pm \$440
4	July 22 – July 25	(Mon - Thurs, 9:00am-1:00 pm)	Fee: \$400
5	July 29 – Aug 1	(Mon - Thurs, 9:00am-1:00 pm)	Fee: \$400