



HIGH HOPES THERAPEUTIC RIDING, INC.  
Participant Services Invoice  
~ VetKids Camp 2019, Mon – Thurs 9-1pm, August 12-15, 2019~

Thank you for submitting your online vetkids 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 application which 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: \$100 per camper per week

Number of campers: \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

*Retain this portion for your records.*

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*~ 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*

## VETKIDS SUMMER CAMP 2019

Camper Name: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Camper Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Amount Paid: \$ \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_