



Whispering Horse Advanced Class at Spur Cross Stables Registration Form

To register, please complete all portions of this form and mail to:
Dave and Liz Gilkey, The Whispering Horse Equine Experience, LLC
P. O. Box 1881, Cave Creek, AZ 85327

Monday, June 1st through Friday, June 5th

Participants will attend the program during the scheduled days from 8:00AM to Noon

Class fee: _____ \$295.00 for Class plus 5X7 Photo with their favorite horse

Optional 2009 Advanced Camp Special Edition T-Shirt \$15.00

(mark size) Child S ___ M ___ L ___ Adult S _____

Check # _____ Amount: _____ (Checks must be received with registration)

Paid on Line: Confirmation Number _____

Student Name _____

Address _____

Mother's Name _____ cell # _____

Father's Name _____ cell # _____

Home # _____ email address _____

If parents cannot be reached, contact: _____

Phone # _____

I hereby authorize the staff of The Whispering Horse Equine Experience, LLC at Spur Cross Stables to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release The Whispering Horse Equine Experience, Spur Cross Stables and their staff from any liability for injuries or illness while at the Equine Program. I have no knowledge of any physical impairment that would be affected by the above student's participation in the program. In addition, the program has the right to expel any student that consistently displays disruptive or unsafe behavior to either him/herself or others.

Please sign that you have read, understood and accept this policy. Cancellations with 7 days notice will be eligible for a complete refund. If less than 7 days notice is given, no more than 50% of enrollment fee will be refunded. That percentage may vary considering the conditions of the cancellation and whether the spot can be refilled. Payment due upon registration.

Signature, Parent/Legal Guardian

Date

Dave and Liz Gilkey

thewhisperinghorse.com • (480) 227-0617 • info@thewhisperinghorse.com



Photo Release

This gives consent for photo/video of my child to be used by The Whispering Horse Equine Experience, LLC promotional/educational activities. Information may be placed in newsletters as well as on the website or in the media.

_____ I DO give consent _____ I DO NOT give consent

Name of Child

Signature

Date

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