



Select Show Horses



Foster Results LLC

2012 Camp Payment Form

Thank you for registering your child(ren) for Summer Camp with the Riding Academy at Select Show Horses. Payment may be made by check or credit card. Checks should be made out to Select Show Horses. Please mail with your completed registration documents and payment form to the address below. Credit card payments should be authorized below. All fees must be paid in full before registration is considered complete. If we do not receive payment within 3 weeks of the date of your receipt of the registration paperwork, your child's spot may be given away.

Please complete and return all camp paperwork to: **Select Show Horses, 2622 Faust Ct., Carmel, IN 46033** OR by email to: sshsummercamp@gmail.com. You will receive an email confirmation of your camp registration just as soon as your payment is processed.

My child(ren), _____, will be attending Summer Camp as follows:

Full-Day Camp:	June 18 – 22	_____ @ \$275/camp*	=	\$ _____
(10:00am – 3:00pm)	June 25 – 29	_____ @ \$275/camp*	=	\$ _____
	July 16 - 20	_____ @ \$275/camp*	=	\$ _____
	July 23 – 27	_____ @ \$275/camp*	=	\$ _____
		TOTAL	=	\$ _____

**You can apply your EARLY BIRD REGISTRATION DISCOUNT OF \$25, OR \$35 if also purchasing a lesson package, prior to March 1.*

PAYMENT WILL BE MADE BY : [] CHECK [] CREDIT CARD

Credit Card Information

Card Type (Please circle one): Visa Master Card

WE RECOMMEND YOU NOT SEND YOUR CARD NUMBER IF YOU ARE RETURNING DOCUMENTS BY EMAIL. PLEASE PROVIDE A CONVENIENT TIME AND WE WILL PHONE YOU FOR YOUR CARD NUMBER.

Card Number: _____ Expiration Date: _____

Name on Card: _____ Security Code: _____

Mailing Address: _____

Telephone Number: _____

I, _____, authorize Foster Results LLC on behalf of Select Show Horses to use the above-referenced credit card account for payment to Select Show Horses as described above.

Cardholder Signature Authorization: _____ Date: _____