



Summer Riding Program 2020

OFFICE USE ONLY

Date: _____

Acct #: _____

Amount Paid: _____

Initials: _____

Rider Name: _____ DOB: _____

Street Address: _____

Email: _____

Parent's Name(s): _____

Cell Phone: _____ Alt Phone: _____

Please circle desired session(s):

Session 1 – Full Day B	Session 6 – Half Day B or Full Day A
Session 2 – Full Day B	Session 7 – Full Day B
Session 3 – Half Day B or Full Day A	Session 8 – Full Day B
Session 4 – Full Day B	Session 9 – Full Day B
Session 5 – Half Day B or Full Day A	Session 10 – Half Day B or Full Day A

Deposit is required at time of registration - \$100 for Half Day / \$200 for Full Day (Per Session)

Method of Payment

Cash	Check	Master Card	Visa
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Credit Card Number: _____

Exp Date: _____ Security Code: _____ Billing Zip Code: _____

Signature: _____

May we charge your provided card on May 1st for the remaining balance? YES / NO

If NO, please provide an alternate form of payment before May 1st

Please return form with payment to:

EEC Attn: Summer Camp

12-22 Woodland Ave

West Orange, NJ 07052

*****Emailed or Faxed forms will not be accepted*****

FULL BALANCE DUE BY MAY 1st

Payment is due in full if registering after May 1st

Any payments made will be forfeited in the case of cancellation

Payments are NOT applicable to any other balance

ALL PAYMENTS ARE FINAL – NO REFUNDS OR CREDITS