

TO REGISTER YOUR CHILD, DOWNLOAD & PRINT
FORM. RETURN COMPLETED FORM & \$150 SAVE
THE DATE DEPOSIT (FULLY REFUNDABLE OR
TRANSFERABLE) TO

Leatherwood Mountains Resort

512 Meadow Road
Ferguson, NC 28624



FEEL FREE TO CONTACT US WITH ANY
QUESTIONS OR CONCERNS!

www.leatherwoodmountains.com

Email: info@leatherwoodmountains.com

Phone: 336-973-5044

"GIDDY UP GANG" 2024 HORSEMANSHIP & TRAIL RIDING DAY CAMP REGISTRATION FORM

PARTICIPANT NAME _____ DATE OF BIRTH _____

SESSION DATE (CIRCLE) **JUNE 10-13** (AGES 12-16) **JULY 15-18** (AGES 7-11) ALTERNATE DATE REQUEST _____

T SHIRT SIZE YS YM YL YXL AS AM AL AXL

LWR GUEST YES NO IF YES, DATES OF VISIT _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBERS (HOME) _____ (CELL) _____ (WORK) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT IN CASE PARENTS CANNOT BE REACHED

NAMES _____ RELATIONSHIP _____

PHONE NUMBERS (HOME) _____ (CELL) _____ (WORK) _____

CHILD'S LEVEL OF RIDING EXPERIENCE _____

IS YOUR CHILD ALLERGIC TO ANYTHING? _____

ANY SPECIAL NEEDS? _____

PLEASE GIVE ANY OTHER INFORMATION YOU THINK WOULD BE IMPORTANT FOR US TO KNOW ABOUT YOUR CHILD SO
WE CAN ENSURE THEY HAVE AN EXCELLENT CAMP EXPERIENCE. _____

CAMP COSTS: \$600 FOR 4 DAYS.

DISCOUNT FOR GUESTS STAYING WITH LWR (\$50 OFF)

\$150 SAVE THE DATE DEPOSIT IS REQUIRED TO RESERVE YOUR CHILD'S SPACE.

FULLY REFUNDABLE OR TRANSFERABLE IF CAMP DATE UNAVAILABLE.



PARENT/GUARDIAN SIGNATURE _____ DATE _____