		nmer Camp Horse						
	,	n/www.horsecountryfarm.	` ,		` '			· ·
		and I'n						
0	, ,	/ I weigh						
Senior C.	I.T, and this is my	year at Camp Ho	•					for my camp horses.
		9	our horses, please respect	11	0 ,	1		
		- C	CIT Leadership T	_		ession):		
		[]]	[une 1 [] June 8 [] June	15 [] June 22			
	As a	2020 C.I.T., I want to	be a working camp	counse	lor for the follow	ing cam	p sessions:	
	[] June 1 [] June 8 [] June 15 [] June 22 [] Ju	ly 13 [] July 20 [] Jul	ly 27 [] Aug 3 [] Aug 10	
[] <u>Yes, I</u>	'll be attending Adva	nced C.I.T. Leadershi	p Camp August 17t	<u>h.</u>	[] Yes, I'm	coming t	o C.I.T. Reunion Can	np August 24th.
	SUMMER WOF	RKING CAMPS LIMI'	ΓED TO THE FIR	ST 2 C.	I.T.s EACH SES	SSION,	SO SIGN UP EARLY	?
	C.I.T.s report	to the Farm Office on a	rrival and are picked	up by p	arents at the Farm	n Office a	at the end of the day.	
	Enclose a \$75.00	non-refundable deposit					lay of the camp session.	
		Horse Assignm	ents are made on a "	First-Co	ome, First-Served"	Basis.		
LUNDERSTAN	ID HORSE COUNT	'RY FARM DOES NO	T OFFER THER	APEUT	IC RIDING. H	ORSE C	COUNTRY CAMPS A	RE NOT
THERAPEUTIC	PROGRAMS. HO	RSE COUNTRY FAR						
SPECIAL NEED	OS.							
LAGREE TO ASS	SUME FULL LIABIL	ITY FOR MY CHILD/	CHILDREN IN CA	SE OF	ACCIDENT/INI	IIIRY I	WILL NOT HOLD H	ORSE COUNTRY
		BLE IN CASE OF ACC						
		by other animals or circ						
		BÉHALF OF MY CHII oken bones, NO contag						
		per the Instructor's Dire						N WILL DRESS TO
,	, , , ,		, 8, ,	1		71		
	PARENT'S NAME (printed): PARENT'S SIGNATURE:							
	E-MAIL ADDRESS	:				DATE	E SIGNED:	
	ADDRESS:		CITY:		STATE:	ZIP:		
		ALTERNATI						
	,		,				,	
	Mail to: HORSE	COUNTRY FARM, P.	O. Box 2, Granite F	alls, W	A 98252		AMT ENCLO	SED: