



2012 Registration

Little Buckaroos Ranch Camp

Ages 5 to 7

Camper's Name: _____ Female / Male ^(circle one) DOB: _____

2nd Camper (if applicable) _____ Female / Male DOB: _____

Parent/Guardian Name: _____

Is a Returning Camper/Student; No Contact Info has changed: (skip to Camp Session)

Address: _____

Email: _____

Phone #s: Please circle those most applicable.

Home : _____ Mobile 1 #: _____ (whose) _____

Work : _____ Mobile 2 #: _____ (whose) _____

Add'l Emergency #: _____ (Name): _____

Please Check the "1st Child" Box for each week you would like to register for. In the event a week is full that you are registering for, we will contact you for an alternate week. We will make every effort to ensure you get your 1st Choice week(s).

WEEK #	DATES	CHOICES		WEEK #	DATES	CHOICES
1	June 5 - June 7			5	July 10 - July 12	
2	June 12 - June 14			6	July 17 - July 19	
3	June 19 - June 21			7	July 31 - Aug 2	
4	June 26 - June 28			8	Aug 7 - Aug 9	

Friend(s): If you want to come to camp the same week as a friend, or friends, please list their name(s):

Camp Hours are 10:30 AM to 2:00 PM, Tuesday through Thursday. Campers bring their own sack lunch & water bottle. Wear weather appropriate clothing, closed shoes, and sunscreen; we provide helmets for the riding activities.

One 3-Day Week Camp Registration Fee: \$130.00 -- Multiple Week Discount: 2nd family member, or each additional week, is \$115 \$_____ . Total Reg.

Pre-ORDER SPR T-Shirt FOR ONLY \$12.00 (Purchases at camp will be \$15) \$_____ . TShirt

Size (circle one): Youth Small (6-8); Youth Medium (10-12)

Pre-ORDER a Photo CD FOR ONLY \$12.00 (Purchases at camp will be \$15) \$_____ . CD

CD will be mailed to the address above.

Amount Paid: \$_____.

Sun Pony Ranch: 970-532-4040 website: www.SunPonyRanch.com email: spr-info@SunPonyRanch.com

Your Registration will be held upon receipt of the Camp Registration Fee. Mail to:

CAMP REGISTRATION, Sun Pony Ranch, 18490 County Road 1, Berthoud, CO, 80513

For Office Use Only: DB Conf Email Payment #: _____ Rcvd: _____ Amt: _____