

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

Mini Spring Break Camp **"GIDDY UP GANG"**

2026

HORSEMANSHIP & TRAIL RIDING DAY CAMP REGISTRATION FORM

PARTICIPANT NAME _____ **DATE OF BIRTH** _____

SESSION DATE April 7th &/or 8th

ALTERNATE DATE REQUEST _____

LWR GUEST YES NO **IF YES, DATES OF VISIT** _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

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

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: \$150 per day or \$290 for BOTH days

\$50 non-refundable save-the-date deposit is required to secure your child's spot.

The remaining balance is due in full upon arrival.



PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

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Summer Camp

"GIDDY UP GANG"

2026

HORSEMANSHIP & TRAIL RIDING DAY CAMP REGISTRATION FORM

PARTICIPANT NAME _____ **DATE OF BIRTH** _____

SESSION DATE **June 15th - 18th** **July 13th - 16th**

ALTERNATE DATE REQUEST _____

LWR GUEST **YES** **NO** **IF YES, DATES OF VISIT** _____

PARENT/GUARDIAN NAME(S) _____

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

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

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. \$50 discount for guests staying with LWR
\$150 non-refundable save-the-date deposit is required to secure your child's spot.
Fully refundable or transferable if camp date is unavailable.



PARENT/GUARDIAN SIGNATURE _____ **DATE** _____