



Mailing address:
3501 Swan Ave.
Wausau, WI 54401

Phone : (715) 359-6046
e-mail: dabit@stablehandstherapy.com
www.stablehandstherapy.com

2017 Summer Camp Registration Form

Student's Name

Date of Birth

Parent's/Guardian Name(s)

Street Address

City/State/Zip Code

email address

Home Phone

Business/Cell Phone

After this application has been received by the office, you will be contacted to set up a time for an interview. Please note that there is limited availability. We fill spots on a first come, first serve basis, so please return this registration form as soon as possible.

Accepted students will only be allowed to participate after all paperwork has been completed and payment has been made.

Session Requested:

June 12th-15th _____ Registration Fee: \$250 _____
Paid

June 26th-29th _____ Registration Fee: \$250 _____
Paid

Student Assessments will be completed at Stable Hands Equine Therapy Center located at 10710 Evergreen Drive, Wausau, WI 54401 on either: (indicate preference)

____ Saturday 5/20/17 between 9am-11am

____ Wednesday 5/24/17 between 6pm and 8pm

By signing this form, you agree that you have read and understand all of the information of our summer camp brochure.

Parent/Guardian Name (Print)

Parent/Guardian Signature