Application Form (One child per form) 1. Which camp(s) will the child attend? **Week of June1-5** Horse Camp (ages 5-12) \$225.00 (9am-1pm) ■ Week of June 8-12 Horse Camp (ages 5-12) \$225.00 (9am-1pm) ☐ Week of June 15-19 All Day Camp (ages 5-12) \$225.00 (9am-5pm) Week of June 22-26 Half Day Camp (ages 5-12) \$150.00 (9am-1pm) Week of July 6-10 Nature/Art Camp (ages 5-12) \$150.00 (9am-1pm) **Week of July 13-17** Environmental Camp (ages 5-12) \$225.00 (9am-5pm) Week of July 20-24 Half Day Camp (ages 5-12) \$150.00 (9am-1pm) 2. Camper Name: Age: _____ Boy ____ Girl___ **T-Shirt size** 3. Name of Parent of Guardian Street Address: City/State/Zip: _____ Contact Phone: _____ Email Address: (what to bring list, weekly schedule, snacks, family night information will be sent to email, if applicable) 4. Will the camper's address be different during camp week(s) than that given above? If so, please indicate how we can contact the child during his/her camp(s). Street Address: City/State/Zip: Contact Phone:

Name of responsible party at this address:

Relationship to camper:

Name: _ Phone: _	
	ne camper attended a FENCE Summer Day Camp before?
	e indicate below if the camper has any allergies, medical condit onal conditions and needs we should know about.
	ent:wks. x (\$150, \$225) \$
Please cir	cle following: Cash Credit card
Credit car	d number
Expiration	Date
V Code (3	digits on back)
	it appears on the card
Name as i	sharing FENOE to hill the above and it sand for
I aut	thorize FENCE to bill the above credit card for

PLEASE SIGN THE BACK OF APPLICATION FORM

Mail this form with your payment to:

Foothills Equestrian Nature Center FENCE Summer Day Camps 3381 Hunting Country Rd. Tryon, NC 28782 828-859-9021

Statement of Consent & Liability Release Form Summer Day Camp 2026

I, the undersigned, give my permission for (print camper's name)

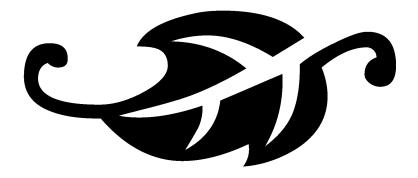
Parent/Guardian Signature

to participate in FENCE Summer Day Camp. It is my understanding that the camps listed will include activities such as hiking, wading, creek stomping, field, and wildlife observations, as well as inadvertent exposure to potentially harmful animals and/or plants (such as bees, wasps, and poison ivy). In consideration of FENCE's acceptance of this child's registration, I assume any risk connected with this child's participation in such activities related to personal or bodily injury and agree to hold harmless the Foothills Equestrian Nature Center, Inc., its officials, directors, employees, volunteers, and agents for damage arising from any injury to this child. I authorize FENCE Summer Day Camp staff to arrange for transportation and/or necessary emergency treatment for this child should the need arise and I cannot be reached.

Print Name	
Date	<u> </u>
Pres	ss Release Form
appears may be used by Foothills successors, in whatever way they	, I hereby eotapes, recordings, etc., in which my child Equestrian Nature Center, its assigns or desire, and that these photographs, records, nich they may use free and clear of any claims
Parent/Guardian Signature Date	



2026 FENCE Day Camp Schedule



These camps have been made possible by:
Kirby Endowment at Polk County Community Foundation