



HOPES HAVEN

RESCUE ^H YOUTH CAMP

Schedule a Session Form

Parent's Name*

First Name

Last Name

Zip Code

Phone Number*

Secondary Phone

Email*

New to Hope's Haven Session Program?

Yes

No

If coinciding sessions are not available for my kids, I am willing to have sessions on different days

Yes

No

Waitlist Options

Yes, automatically add me

No, I will try again next month

Dates Available

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How can your child/ren benefit from our program*

How many children are you signing up?

First Child's Name*

Willing to take non-horse sessions?

Yes

No

Date Of Birth*

Gender

Male

Female