



2025 Application

Seventy-First Season

VALLEY VIEW RANCH

606 Valley View Ranch Road – Cloudland, Georgia 30731

(706) 862-2231

www.valleyviewranch.com

ALL CAMPERS
ATTACH PHOTO

I wish to enroll _____
Last First Middle Nickname

In Valley View Ranch For: (Circle session(s) desired): 10% DISCOUNT FOR EXTRA SESSIONS OR SISTERS

Mini Session A	1st Session	2nd Session	3rd Session
1 Week	2 Weeks	3 Weeks	2 Weeks
6/1 (Sun) – 6/6 (Fri)	6/8 (Sun) – 6/20 (Fri)	6/22 (Sun) – 7/11 (Fri)	7/13 (Sun) – 7/25 (Fri)
\$2500*	\$4500*	\$6500*	\$4500*

Date of Birth _____ Camptime Age _____ Height _____ Weight _____
School Attending _____ Grade Entering Aug/Sept 2025 _____

PARENT'S MARITAL STATUS: MARRIED SEPARATED DIVORCED SINGLE CUSTODY _____
MOTHER'S NAME _____ OCCUPATION _____ COMPANY _____
FATHER'S NAME _____ OCCUPATION _____ COMPANY _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ HOME PHONE _____
E-MAIL _____ CELL NUMBER _____ BUSINESS PHONE _____

MY DAUGHTER HAS RIDING EXPERIENCE IN:
 Never or Seldom Ridden
 Western English Jumping Barrels
 How long has camper taken lessons _____
 Showing In _____
 Riding Stable _____
 Vaulting – ENROLL BEFORE JANUARY 1, 2025
YEAR ATTENDING VVR IN 2025 _____
Cabin Mate Request _____
Horse Request _____

OPTIONAL TRIPS OFFERED during the 2 week sessions (Choose One):
 Ocoee White Water Rafting - (12 & over) - \$300.00 OR
 Chattanooga Trip - \$250.00
PAYMENT METHOD:
Check Enclosed # _____ OR Master Card Visa
Card # _____
Exp Date: ___/___ Security code: _____ Billing Zip _____
Cardholder's Name (print) _____
Signature _____
Charge Deposit \$ _____ OR Amount of \$ _____

Camp T-shirt Size (circle one): (Y=Youth) YS YM YL S M L XL XXL
I Learned About Valley View Ranch From: _____
Please Print Name and Address of Anyone Who May Be Interested In Valley View Ranch: _____
Comments To Help Us Make Your Daughter's Summer Successful (Attach Special Info): _____

I am enclosing herewith \$500 per session as registration fee to be applied to the camp fee. A 10% discount is allowed for sisters or consecutive sessions. If cancellation is made after April 1, \$250 of the registration fee will be retained. I will send the balance on or before May 1. I understand that no deduction is allowed for late arrival, withdrawal, or dismissal, and that the camp director reserves the right to reject any application, any time, in the best interest of the camp. I agree to present my daughter's health examination report, properly filled in by her family physician, on or before arrival at camp. I am responsible for health and accident insurance and will supply a copy of my insurance card. I understand Cell Phones are NOT allowed. You have permission to use photos, videos, audio of, and written materials by my daughter for promotional purposes.

SIGNATURE (PARENT OR GUARDIAN) _____

* Prices subject to change. There will be a 3.5% customer assistance fee per each credit card transaction. Checks & Cash are preferred.