



2026 Application

Seventy-Second 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	1 st Session	2 nd Session	3 rd Session
1 Week	2 Weeks	3 Weeks	2 Weeks
5/31 (Sun) – 6/5 (Fri)	6/7 (Sun) – 6/19 (Fri)	6/21 (Sun) – 7/10 (Fri)	7/12 (Sun) – 7/24 (Fri)
\$2600*	\$5000*	\$7000*	\$5000*

Date of Birth _____ Camptime Age _____ Height _____ Weight _____

School Attending _____ Grade Entering Aug/Sept 2026 _____

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, 2026

YEAR ATTENDING VVR IN 2026 _____

Cabin Mate Request _____

Horse Request _____

OPTIONAL TRIPS OFFERED during the 2 week sessions (Choose One):

- ☐ Ocoee White Water Rafting - (12 & over) - \$350.00 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.