

registration form and payment.

2020 NSBA BOOT CAMP REGISTRATION

June 6 - 8, 2020 - South Carolina Equine Park - Camden, SC

NSB A	

Last Name:	First Name:			Age (if youth): State: Zip			
Address:	City:						
Email Address:_ (This will be how	you will receive any and all information) Please check here if	(PLEASE PRINT CLEARLY) Rider's T-Shirt Size: all information) Please check here if you do not have email					
Home Phone:	Cell:	Parent/R	esponsible Party Name:				
		or NSBA Member Applied For					
	Space is Limited and fills	by first	come, first serv	e.			
Fee fo	or the clinic includes	•	Instruction from top in		nale		
0	Stall for one horse	0	IEA, IHSA, NCEA schola				
0	Lunch and snacks daily for participating riders	0	Careers in the horse in	•	горрогинисэ		
0	T-Shirt	0	Trends in veterinarian		se		
 Hotel O RV/Ca ALL FG 	Horses may arrive June 5th after 4 pm rooms are available in Camden, South Carolina at two hotel Comfort Inn & Suites 200 Wall Street Camden, SC 29020 Holiday Inn Express & Suites 419 Sumter Hwy Camden, Sc Imping at Camden is \$25.00 per night. To reserve a spot con DRMS, registration, supervision and current membership mu onal food wristbands can be purchased for other family men Register Early to Guarant	(803) 425-10 C 29020 (803 tact Mike Must be receive mbers not pa	athis (803) 486-4938 ed with full payment for a enticipating in the clinic. Space is limited!		complete.		
Payments/Ch	necks made payable to:		Please select all that ap	. •	C		
NSBA Nation	al Snaffle Bit Association		full Entry Fee: additional horse:	\$350.00 \$ 75.00	\$		
Mailed to:	NSBA/Boot Camp		audit fee:	\$100.00	\$ 		
	1391 St Paul Ave			,			
	Gurnee, IL 60031	L	Late Fee: If received after May 15th \$50 \$				
Direct questions to:			Balance Due = \$				
Stephanie Ly			Credit Card				
slynn@nsba.com			Credit Card: 3-digit code:				
847-623-672							
715-559-3248 (cell) Additional Information available at: www.nsba.com		`	Name on Card:				
PLEASE NOT	E: This is a non-chaperoned event. Participati	ng 📗					
youth must have adult supervision during the camp! Attached			Office recording only below dotted line				
supervision form MUST be returned for all youth with this			Date received: Amt Rcd:				

Pmt type/Check Number: ___