



2017
**SUMMER
CAMP**

WWW.KAFKAFARMS.COM

APPLICATION

Child's Name: _____

Girl Boy Birthday _____ Age in June 2017 _____

Camper's grade beginning school year of September 2016 _____

Address: _____

Phone: _____ Cell phone: _____

eMail: _____

Emergency Contact: _____

Relationship: _____

Emergency Contact Phone: _____

Special Needs (medical and/or other): _____

Riding Level: Beginner Intermediate Advanced

Weeks attending: June 26-30 Aug 14-18
 July 17-21 Aug 21-25
 July 31-Aug 4 Aug 28-Sept 1

Please tell us anything special about your child that will help us work best with your child regarding his/her riding experience _____

\$15.00 weekly helmet rental? Yes No

Aftercare \$15.00 per hour per child. **NO CHILD CAN ATTEND WITHOUT A SIGNED APPLICATION, LIABILITY RELEASE**, AND PAYMENT IN FULL.***

Parent signature _____ Date _____

* **Please make check payable to Debbie Kafka** and send to 901 Valley Road, Watchung, NJ 07069, **\$575.00 per week**, payable by cash or check. **A \$25.00 deposit is required to hold your place in camp, with balance due on or before the first day of camp.**

** **Liability Release Form** is available on our website, www.kafkafarms.com. Please print, complete, and bring to first day of camp. Thank you.