



2018  
**SUMMER  
CAMP**

WWW.KAFKAFARMS.COM

# APPLICATION

Child's Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age in June 2018: \_\_\_\_\_

Camper's Grade Beginning of School Year 2017: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Special Needs (Medical/other): \_\_\_\_\_

Riding Level:  Beginner  Intermediate  Advanced

Weeks Attending:  June 25-29  Aug 13-17

July 9-13  Aug 20-24

July 23-27  Aug 27-31

July 30- Aug 3

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 \$20.00 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, \$625.00 per week, payable by cash or check. A \$50.00 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](http://www.kafkafarms.com)**. Please print, complete, and bring to first day of camp. Thank you.