



Kafka Farms

2019 Summer Camp

Application

Child's Name: _____

Gender: _____ Birthday: _____ Age in June 2019: _____

Camper's Grade Beginning of School Year 2018: _____

Address: _____

Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

Special Needs (Medical/other): _____

Riding Level: Beginner Intermediate Advanced

Weeks Attending: June 24-28 July 8-12 July 22-26

July 29- August 2 August 5-9 August 19-23 August 26-30

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**. Please print, complete, and bring to first day of camp. Thank you.