



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

Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age in June 2023: \_\_\_\_\_

Camper's Grade Beginning of School Year 2022: \_\_\_\_\_

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

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

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

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

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

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

Riding Level:  Beginner  Intermediate  Advanced

Weeks Attending:  6/26- 6/30  7/24-7/28  7/31- 8/2  8/21- 8/25

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, \$650.00 per week, payable by cash or check. A \$100.00 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.