

Kafka Farms Summer Camp

Child's Name:			
	_Birthday:		
Camper's Grad	e Beginning of So	chool Year 202	1:
Address:			
	Cell Phone:		
E-Mail:			
	ntact:		
Relationship:	Phone:		
Special Needs (Medical/other):_		
Riding Level: O	Beginner O In	termediate O	Advanced
Weeks Attendir	ıg:		
o 6/27-7/1	o 7/11-15 (3	○ 7/11-15 (3 Days) ○ 7/18-7/22	
0 7/25-7/29	0 8/1-8/5	0 8/8-8/10 (3 Days)	
0 8/15-8/19	0.8/22-8/26	0 8/29-8/31 (3 Days)	

work best with your child regarding his/her riding experience:				
\$15.00 weekly helmet rental?	o Yes o No			
	child. NO CHILD CAN ATTEND TION, LIABILITY RELEASE** AND			
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 \$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. Please print, complete, and bring to first day of camp. Thank you.