

**Old Field Farm Summer Camp Dates and Prices**

Contact us at: Located at:

 oldfieldfarm@gmail.com 349 Sarah Wells Trail

Cell: (914) 474-7722 Goshen, NY 10924

Barn: (845) 294-6339

Camp is from 9:00 am – 3:00 pm daily starting July11th

Please select the week(s) you would like to attend.

Check below.

Space is to 10 participants.

Ages 6-14

Camp will be offered the following weeks:

July 11-15th\_\_\_\_\_\_

August 8-12th\_\_\_\_\_

Fees: Each week of camp is $575

You can reserve your spot by May 1, 2022 with a $50 non-refundable fee for a certain amount off (will discuss later)

Families registering more than one child will receive 10 percent off the second camper.

Multi Week Discount is available.

INFORMATION Camper’s Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Camper Birth Date\_\_\_\_\_\_\_\_\_\_( YYYY/MM/DD) Child’s Horse Experience: \_\_\_\_\_\_\_N/A\_\_\_\_\_ Pony Ride\_\_\_\_\_\_ Trail Ride \_\_\_\_\_ Lessons

Parent’s First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Substitute Pick Up If you are not able to pick up your child a note must be given ahead of time to the office naming your replacement

Emergency contact (Please list 2 people)

First: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second: Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL INFORMATION Does your child have any allergies\_\_\_\_\_YES\_\_\_\_\_\_NO

If yes please list Does your child take any medication\_\_\_\_\_\_\_\_\_YES\_\_\_\_\_\_\_NO

If yes list Does your child have any chronic illness\_\_\_\_\_\_YES\_\_\_\_\_\_\_NO

If yes list Has the child been treated recently for medical problems?\_\_\_\_\_YES\_\_\_\_NO

 If yes please identify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OUR DAILY SCHEDULE INCLUDES**

 Daily riding lesson-grouped by ability
 Grooming
 Horse Care
 Nutrition
 Afternoon Spa Time
 Basic First Aid
 Horse Science
 Parts of Horse, Parts of the Saddle

  Arts and Crafts
 Horseback Games