



Willow Hill Farm Camp

75 Cassidy Road, Keeseville, NY 12944

Tara Edwards
518-834-9746 or 518-578-1873

APPLICATION FOR DAY CAMP 2023

Fax 518-834-9890

NAME _____ BIRTHDATE _____ BOY / GIRL (Circle)

ADDRESS _____ ZIP _____

PARENTS' NAME _____ E-MAIL _____

PARENTS' ADDRESS _____ PHONE _____

PARENTS' OCCUPATION(S) _____ CHILD'S GRADE IN SCHOOL _____

HEIGHT _____ WEIGHT _____ HEALTH PROBLEMS? _____ Camper email _____

DESIRED CAMP DATES *(Please check the appropriate boxes)*

Camp runs for a 7-week period starting Monday, June 26 and ending Friday, August 11. You may choose any two-week period. There are two options, a full day or a half day program. Please check the session you plan to participate in:

HALF-DAY CAMP

2 Weeks, \$500, Mon.-Fri. (check one) Mornings 9-12 Afternoons 1-4
 June 26-July 7 July 10-July 21 July 24-August 4 July 31-August 11 (check one)

3-Weeks, \$700, Mon.-Fri. (check one) Mornings 9-12 Afternoons 1-4
 July 24-August 11 Other 3-week options (*indicate dates desired* _____)

1-Week, \$275, Mon.-Fri., (check one) Mornings 9-12 Afternoons 1-4
 August 7-August 11 Other 1-week option (*indicate date desired* _____)

FULL-DAY CAMP

2-week sessions, \$1000, must be 8 years and older, Mon.-Fri. 9-4. *Full-day campers should bring a bag lunch.*

June 26-July 7 July 10-July 21 July 24-August 4 (check desired dates)

3-week session, \$1400, Mon.-Fri. 9-4.
 July 24-August 11 Other 3-week options (*indicate dates desired* _____)

1-week, \$550, Mon.-Fri. 9-4. August 7-August 11 Other 1-week option (*indicate date desired* _____)

Total number of weeks _____ Price _____ Amount Enclosed _____

(10% discount for any 4 weeks or more, full or half-day camp)

RELEASE STATEMENT

I understand that horseback riding is a high-risk sport and am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Owners and Directors of Willow Hill Farm Camp, their officers, agents, employees and volunteers, judges and officials from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including my horse. Further, I agree, in the event of home-sickness, misconduct, or any other cause, my child is dismissed or withdrawn from camp, that the camp fee is nonrefundable. (Note: Parent or Guardian must sign this release)

Signature: _____ Date: _____

Please make checks payable to Willow Hill Farm Camp.

Mailing address: Willow Hill Farm Camp, 75 Cassidy Road, Keeseville, NY 12944.

Web site: www.willowhillfarm.com Email: willowhillfarm@gmail.com