



# Willow Hill Farm Camp

75 Cassidy Road  
Keeseville, NY 12944

Julie and Tara Edwards • 518-834-9746 • Fax 518-834-9890

## APPLICATION FOR RESIDENT CAMP 2016

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ BOY / GIRL (Circle)

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS' NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

PARENTS' ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PARENTS' OCCUPATION(S) \_\_\_\_\_ Camper e-mail \_\_\_\_\_

CHILD'S GRADE IN SCHOOL \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

HEALTH PROBLEMS? \_\_\_\_\_

### CAMP SCHEDULE AND PRICES

**SUMMER CAMP AND CLINIC RATES:** (apply by Jan. 1 and receive 5% discount)

**AFTER JAN. 1st:** 2 weeks: \$3000 • 3 weeks: \$4100 • 4 weeks: \$5200 • 5 weeks: \$6300 • 6 weeks: \$7400 • All 8 weeks: \$8600

Eventing Clinic runs for two weeks, June 12–June 25.

Summer Camp runs for a 6-week period: Sunday, June 26–Saturday, August 6.

Please select the weeks you plan to attend by checking the appropriate arrival and departure dates below:

#### Eventing Clinic

June 12–June 25

2 weeks

Must be experienced rider.

Limited space available

#### A Session begins June 26

and ends (please check one):

2 weeks, July 9

3 weeks, July 16

4 weeks, July 23

5 weeks, July 30

6 weeks, Aug. 6

#### B Session begins July 10

and ends (please check one):

2 weeks, July 23

3 weeks, July 30

4 weeks, Aug. 6

#### C Session begins July 24

and ends Aug 6:

2 weeks

Session and Start Date: \_\_\_\_\_ Total number of weeks: \_\_\_\_\_ Price: \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_

**Note 1:** No charge for pick-up and delivery at all Plattsburgh, NY terminals.

**Note 2:** Fee to/from Canadian Airports is \$75 each way.

**Note 3:** Fee to/from Burlington, VT airport is \$75 each way.

#### 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 Further, I agree, in the event of home-sickness, misconduct, or any other cause, my child is dismissed or withdrawn from camp, that the camp fee is nonrefundable.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: \_\_\_\_\_

A deposit of \$500 must accompany this form. Please pay in full by Feb. 1st. Installment payments can be arranged. Please make checks payable to **Willow Hill Farm Camp**. Mailing address: Willow Hill Farm Camp, 75 Cassidy Road, Keeseville, NY 12944. Thank you.

Note: On receiving this application, we will forward a packet of information for your use in preparing your child for camp.

Web site: [www.willowhillfarm.com](http://www.willowhillfarm.com) E-mail: [julie@willowhillfarm.com](mailto:julie@willowhillfarm.com)

**HOW DID YOU HEAR ABOUT WILLOW HILL FARM CAMP?** (check one)  Print Advertisement  Internet Search  Friend  Facebook  Other