



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 2018

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 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

Summer Camp runs for a 6-week period: Sunday, June 24–Saturday, August 4.

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

A Session begins June 24
and ends (please check one):

- 2 weeks, July 7
- 3 weeks, July 14
- 4 weeks, July 21
- 5 weeks, July 28
- 6 weeks, Aug. 4

B Session begins July 8
and ends (please check one):

- 2 weeks, July 21
- 3 weeks, July 28
- 4 weeks, Aug. 4

C Session begins July 22
and ends Aug 4:

- 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 Further, I agree, in the event of home-sickness, misconduct, or any other cause, my child is dismissed or withdrawn from camp, that the camp fee is nonrefundable.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 E-mail: julie@willowhillfarm.com

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