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

## **APPLICATION FOR DAY CAMP 2024**

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 HEALTH	PROBLEMS?	Camper email
Camp runs for a 7-week period starting I	RED CAMP DATES (Please check the appropri Monday, June 26 and ending Friday, Augus day program. Please check the session you	st ll. You may choose any two-week period.
HALF-DAY CAMP		
2 Weeks, \$550, MonFri. (check one) □	Mornings 9–12 ☐ Afternoons 1–4	
□ July 1-July 12 □ July 15-July 26 □ July 29-August 9 (check one)		
3-Weeks, \$750, MonFri. (check one) ☐ July 1-July 19 ☐ July 22-August 9	☐ Mornings 9–12 ☐ Afternoons 1-4	
<b>FULL-DAY CAMP</b> 2-week sessions, \$1100, must be 8 years a  ☐ July 1-July 12 ☐ July 15-July 26 ☐ July 15	and older, Mon.–Fri. 9–4. Full-day campers si 29–August 9 (check desired dates)	hould bring a bag lunch.
3-week session, \$1500, MonFri. 9-4.  ☐ July 1-August 19 ☐ July 22-August	t 9	
Total number of weeks Price	Amount Enclosed	
(10%	discount for any 4 weeks or more, full or half-do	ıy camp)
do hereby release and hold harmless the volunteers, judges and officials from all lamy property, including my horse. Further	Owners and Directors of Willow Hill Farm iability for negligence resulting in accident	vn risk. I hereby assume this risk and further Camp, their officers, agents, employees and ts, damage, injury or illness to myself and to isconduct, or any other cause, my child is dis- t or Guardian must sign this release)
Signature:	Date:	
Please make checks payable to Willow Hi	ill Farm Camp.	
Mailing address: Willow Hill Farm Camp,	75 Cassidy Road, Keeseville, NY 12944.	

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