

Stillmeadows Farm Summer Camp Application 2020

Name: _____

Age/Birth Date: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____

E-mail Address: _____

Mother's Name: _____

Place of Employment: _____

Work/Cell Phone: _____

Father's Name: _____

Place of Employment: _____

Work/Cell Phone: _____

Allergies:** _____

Personal Physician: _____

Phone: _____

Hospital: _____

Riding Experience: _____

Please list dates you would like (June 22-26, June 29-July 3, July 6-10, July 13-17, July 20-24, July 27-31, August 3-7, August 10-14)

Time 8:30am – 2:30pm Monday – Friday (early drop off and late pickup available for \$50/week)

One week @ \$300 _____

Please return this form and a 10% non-refundable deposit to Stillmeadows. Afterwards a release form and emergency medical form will be provided for you to fill out if one is not on file already.