

JERSEY CHICKENS CAMP REGISTRATION FORM 2020

NAME OF RIDER OR CAMPER: _____

AGE: _____ DOB: _____

NAME OF GUARDIAN: _____

PHONE: _____ ALTERNATE PHONE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

EMAIL ADDRESS: _____

ALLERGIES: _____

CAMP BY THE WEEK (4 DAYS) (CHECK WEEKS YOU WANT)	1st week \$400. 2nd week \$375. 3rd week \$350. 4th week \$325. 5th week \$300. 6th week \$275. 7th week \$250. 8th week \$225.
6/29-7/2 _____ 7/6-7/9 _____ 7/13-7/16 _____ 7/20-7/23 _____	
7/27-7/30 _____ 8/3-8/6 _____ 8/10-8/13 _____ 8/17-8/20 _____	

CAMP BY THE DAY (LIST DESIRED DAYS) \$125./day

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I would like to pay by: Check _____ (BY MAIL) Cash _____ (IN PERSON AT THE FARM)

50% Deposit Due At Time Of Registration. Deposits are Non-Refundable and Non-Transferable

BALANCE DUE 2 WEEKS BEFORE CAMP START DATE.

CAMP TOTAL: _____

SIGNATURE _____ DATE _____

****LIABILITY WAIVER MUST BE SIGNED ALONG WITH REGISTRATION FORM