

JERSEY CHICKENS CAMP REGISTRATION FORM 2019

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)			CAMP BY THE DAY
6/24-6/27 _____	7/22-7/25 _____	8/12-8/15 _____	(LIST DESIRED DAYS)
7/1-7/4 _____	7/29-8/1 _____	8/19-8/22 _____	_____
7/8-7/11 _____	8/5-8/8 _____	8/26-8/29 _____	_____

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