



PAINTED VALLEY FARMS SUMMER CAMP 2020

Registration Application

Childs Name: _____
Last First Middle Nickname

Parent Or Legal Guardian Name (Please Print): _____

Address _____ **Childs Birth date:** _____
Street
City State Zip

Phone Numbers: _____
Home Parent Work
Cell email

Emergency Contacts and Phone (if parent can not be reached at numbers above):

Contact 1: _____
Name
Home Phone Work Phone Cell

Contact 1: _____
Name
Home Phone Work Phone Cell

Do you require daycare for you child before and/or after camp? YES NO (please circle one)

If yes please fill out our Before and After Care Registration Form. Additional Fees will apply.

Please describe any medical condition that your child has that camp counselors should be aware of:

Please list any medications that your child will or may have to take, include times and dosage:

Does your child have any physical limitations that camp counselors should be aware of?

Parent or Legal Guardian Signature: _____ **Date:** _____

Camp Choice: We are offering 4 weeks, please be sure to indicate your second choice. *must fill – tell your friends!

1st (Please Circle): July 6 – 10* July 13 - 17 July 27 - 31 Aug 3 – 7

2nd (Please Circle): July 6 – 10* July 13 - 17 July 27 - 31 Aug 3 – 7

T-Shirt Size: Camp T-Shirts will be provided for an additional \$15.00 each and are optional.
(Please Circle) Youth: Small Medium Large Adults: Small Medium Large Extra Large

A \$100 **non-refundable** deposit is required with Registration Application in order to hold your child's place in the camp session desired. Deposits can be transferred to different child or week. Balance is due no later than your child's first day of camp. The camp manager will call or email a conformation that the application has been processed.

Please send application, Release form and deposit to: Painted Valley Farms
c/o Brittany Lowe
6470 Adas Will Ln
Bainbridge Island, WA 98110

For further info:
Brittany Lowe (206) 795-8392
barrelgrl@comcast.net

Camp Fee (\$375) _____ + T-Shirts (\$15 each) _____ - Deposit (\$100) _____ = Total Due _____

Office Use Only
Received Date: _____ Check # _____ Amount _____ Confirmed Date _____