

VACATION CAMP REGISTRATION FORM

Please use a separate registration form for each child. Paid pre-registration is required. No refunds will be issued within 2 weeks of start of session. A \$50 deposit must be included with registration. Fees must be paid in full 1 week prior to start of camp. Additional info and health form will be supplied upon receipt of deposit. Health form **MUST** be returned at least one week prior to the first day of camp.

Grades 1 – 6:

Full Day: \$250.00

\$25.00 discount for siblings

Child's Name: _____ Age: _____ Grade: _____

Parent/ Guardian Name: _____ Daytime Phone: _____

Cell Phone: _____ Work Phone: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Person: _____ Phone: _____

Relationship to Child: _____

TOTAL ENCLOSED: _____

Cash: _____ Check # _____

Credit Card #: _____

VISA MC DISC Exp. Date: _____

CW2 Code (last three digits on back of card): _____

Name as it Appears on Card: _____

Make checks payable to **Holcomb Farm** and
send to: 113 Simsbury Road, West Granby, Connecticut 06090

_____ Holcomb Farm may **NOT** use photographs of my children for promotional purposes