

2024 CAMP REGISTRATION FORM

Please return this completed form with parent/guardian signature to:

The Feathered Farm, 3620 Rosinburg Rd, Zebulon NC 27597 FeatheredFarmNC@gmail.com Phone 919-455-7535

Please use one registration per child.

Camper Name _____
Last First Middle

Date of Birth: _____ **Grade in Fall 2024:** _____

1st Contact Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Child resides with: _____

2nd Contact Parent/Guardian _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Siblings Attending _____

Mailing and Communication will be sent to 1st contact.

SESSION INFORMATION: Please check all that apply

Week 1 : June 17 - 21 *All About Horses: Equine Care* _____

Week 2 : June 24-28 *Jamming, and no-bake goodies* _____

Week 3 : July 15 - 19 *All About Farm Animals* _____

Week 4 : Aug 5 - Aug 9 *Jamming and No-Bake Goodies* _____

Week 5 : Aug 12-Aug 16 *All About Horses: Equine Care* _____

How did you find out about the camp? _____

A non-refundable \$50 deposit per camper per session must accompany each registration form. Remaining fees are due by Feb 25th. Registrations after Feb 25th require full payment or an established payment plan.

____ Check enclosed amount: \$ _____ (Payable to The Feathered Farm)

____ Please bill me: ____ Visa ____ MasterCard ____ Discover ____ Am Express

Card # _____ Exp Date _____ Sec Code _____ Zip Code _____

Please charge: ____ Payment in Full

____ \$50 deposit now and the remaining balance on _____

PARENT/GUARDIAN SIGNATURE REQUIRED

Please sign here _____ Date _____

Please complete the Health Form and Release Form and return with registration.