




mail@pompositticutfarm.com  
www.pompositticutfarm.com

25 Lewis St., Hudson, MA 01749  
978-562-0968, fax 978-568-8831

# REGISTRATION FORM 2010

CAMPER'S NAME:		Male	Female
ADDRESS:		DATE OF BIRTH:	
TOWN:	STATE/ZIP:	AGE as of June 2010:	
HOME PHONE:		SCHOOL & CURRENT GRADE:	
PRIMARY EMAIL:		CUSTODIAL PARENT:	
<b>COMPLIMENTARY T-SHIRT: circle one size . . YS, YM, YL, AS, AM, AL, AXL</b> 			

MOTHER'S NAME \_\_\_\_\_ LIVES AT ABOVE ADDRESS  YES  NO

PLACE OF EMPLOYMENT: \_\_\_\_\_ CITY: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ WORK FAX #: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ LIVES AT ABOVE ADDRESS  YES  NO

PLACE OF EMPLOYMENT: \_\_\_\_\_ CITY: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_ WORK FAX #: \_\_\_\_\_

WORK E-MAIL ADDRESS: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_

**NO FAX OR E-MAIL REGISTRATIONS ACCEPTED**

**2 WEEK SESSIONS \$1595.00** (returning rate \$1495.00 good until December 30th only)

Session #1	<input type="checkbox"/>	June 28 - July 9	TUITION \$ _____
Session #2	<input type="checkbox"/>	July 12 - July 23	ADMIN. FEE \$25.00
Session #3	<input type="checkbox"/>	July 26 - August 6	\$500 MINIMUM DEPOSIT \$ _____
Session #4	<input type="checkbox"/>	August 9 - August 20	<b>TOTAL TUITION DUE 5/01/10</b> \$ _____

*Our Heels Down sessions contain two levels of riding and a curriculum designed in a progressive manner throughout the successive weeks, especially for those who attend more than one session.*

How many years has your child attended PFDC Day Camp? \_\_\_\_\_ Heels Down? \_\_\_\_\_

Has your child continued with riding lessons after the summer? \_\_\_\_\_ How often? \_\_\_\_\_

How many years has your child taken riding lessons? \_\_\_\_\_

Where does your child currently take lessons? \_\_\_\_\_

What is the size of the horse/pony your child rides most often? \_\_\_\_\_

What is your child's height and weight \_\_\_\_\_

**IMPORTANT INFORMATION & SIGNATURES REQUIRED ON BACK!**



<b>office use only</b>	Date Reg & Deposit Rec. _____	Confirmation: phone _____, email _____, mail _____
	WALK IN _____ MAIL-IN _____	Check # _____ Invoice # _____

# POMPOSITTICUT FARM DAY CAMP

**CAMPER NAME:** \_\_\_\_\_

**CAMPER GROUPING REQUESTS:** You may request groupings of friends below. Please note though, that our camper groups are determined by age, grade and swimming levels. We will review and accommodate these requests to the best of our ability when assembling camper groups. Although your child may request to be grouped with another camper, please make sure the request is mutual, to avoid any surprises, disappointments and/or problems that may occur once the groupings are assigned. Also note, by requesting a specific pairing, your child may be not be placed with campers his/her age or grade.

Group my child with: \_\_\_\_\_

**BILL TO: (IF DIFFERENT THAN THE PARENTAL NAMES LISTED ON THE FRONT)**

NAME:

ADDRESS:

TOWN:

STATE:

ZIP:

DAYTIME PHONE:

CELL PHONE:

**PHOTO PERMISSION**

I give permission for the camper listed on this registration form, to allow photographs and/or videos to be taken during camp activities. I further give permission and consent that any such photographs and/or videos may be published and used by Pompositticut Farm Day Camp, Inc. and it's affiliated agents, to illustrate and promote the camp experience, Pompositticut Farm Day Camp and its camp programs.



\_\_\_\_\_ date  
*Signature of parent/guardian (signature covers any & all non-custodial parents)*

**Must be signed below by the camper's parent/guardian for enrollment to be confirmed.**

**REGISTRATION AGREEMENT**

In acceptance of my child as a PFDC participant, I hereby agree to meet the financial requirements as stated by Pompositticut Farm Day Camp, Inc. I acknowledge the registration and administrative fee per child, per program are required with each registration. Once my child is enrolled, the registration and administrative fees are "non-refundable" and are "not transferable" between sessions or programs. Written notice of cancellation is required. Additionally there is a \$100 surcharge for all forms, fees and/or registrations submitted after May 1, 2010. No refund will be made for absence, withdrawal, dismissal, inclement weather, or any foreseen disaster whether natural or man made. There is a \$25.00 fee for checks returned by the bank with replacement payments accepted by certified bank check or cash only. No camper may begin his/her session until the tuition is paid in full, including finance charges which apply to "all late payments". The directors reserve the right to dismiss a camper when, in their judgement, the camper's behavior interferes with the rights and safety of others, with no refund offered.



\_\_\_\_\_ date  
*Signature of parent/guardian (signature covers any & all non-custodial parents)*