FAIRY TALE FOREST

Summer Camp Form

Summer camp trips are accommodated on Thursdays & Fridays until 3:00pm by reservation only, between June 24th and August 14th. Groups of 100 or more can typically be accommodated on Wednesdays by special request. Email us at info@fairytaleforest.com or call 973-697-5656 for more information. One chaperone is required for every 6 children and children cannot be left unattended. This is a self guided tour of the park and visitors are allowed to participate in any of the activities offered on the itinerary for that day. Typically there is an interactive activity every 45 minutes. General Admission is the same as that for School Groups above. Email us at info@fairytaleforest.com with questions. Once we receive your application, we will return your inquiry as soon as we can.

GENERAL INFORMATION (Required)

Camp Name _____

Camp Counselor Name _____

Email _____ Phone _____

Age Group/Range _____

Tax Exempt # _____

Please send your tax-exempt certificate when you return this form

Preferred Date _____ Alternate Date _____

Arrival Time _____ Departure Time _____

ATTENDEE INFORMATION (Required)

Number of Children Attending _____

Number of Adult Chaperones _____

not including teacher and nurse

EMERGENCY CONTACT INFORMATION (Required)

Emergency Contact _____

Email _____ Phone _____

Are there any medical conditions we need to be aware of?

MEAL SELECTIONS (Required)

☐ Lunch Package $8.50/child

Includes chips, beverage, and choice of entrée. Please indicate the number of orders of each based on the number of children and adults in attendance

_____ Chicken Tenders

_____ Thumann's Hot Dog

_____ Grilled Cheese

_____ Individual Pizza

DISCLAIMER

Refunds: We do not issue refunds. If members of your group are unable to attend, we will provide you with park passes for distribution.

Cancellation Policy: Trips run rain or shine. In case of foul weather, activities may be moved indoors—umbrellas and rain gear are encouraged.

☐ I Agree Signature _____

Date _____

Admission

Number of Children Attending

_____ **x $18** . . . . . _____

Number of Adults Attending *Note that a single counselor and nurse receive free admission*

_____ **x $19** . . . . . _____

Meals

If choosing the Meal Option:

_____ **x $8.50** Meal Option . . . . . _____

Remember to add all children and adults attending

Grand Total . . . . . _____