

140 Oak Ridge Road Oak Ridge, New Jersey 07438 info@fairytaleforest.com 973-697-5656

# FAIRY TALE FOREST SUMMER CAMP REGISTRATION FORM

## **CAMP INFORMATION:**

Camp Name:			
Counselor / Director Name:			
Contact Email:			
Contact Number:			
Age Group:			
Tax Exempt #	Please supply a copy of your tax-exempt cert.		
TRIP DETAILS:			
WEDNESDAYS ONLY BETWEEN	THE HOURS OF 11:00 a.m. & 3:00 p.m.		
Preferred Date of Trip:	Alternate Rain Date:		
# of Children:	# of Chaperones:		
Arrival Time:	Departure Time:		
ALTERNATE CAMP EMERGENC	Y CONTACT INFORMATION:		
Contact Name:	Phone Number:		

### **MEDICAL CONDITIONS:**

Are there any allergies or medical conditions we should be aware of?  $\Box$  Yes  $\Box$  No

If yes, please specify:

### LUNCH PACKGE / NO OUTSIDE FOOD IN THE PARK

\$7.50 per person, includes chips, a beverage and choice of:

#	Chicken Tenders	#	Grilled Cheese #	Thumann's Hot Dog	g #	Indiv. Pizza

## FOR OFFICE USE ONLY / PAYMENT INFORMATION:

# Adults x \$17.00 =	# Children x \$15.00 =
Add Lunch for \$7.50 per person = _	
If not tax exempt, will add 6.625%	sales tax:
Total Cost:	50% Deposit:
Balance Due Day of Event:	

**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:** If you must cancel your trip due to weather, call and we will try to reschedule your trip if there is availability.

Signature of Camp Representative:	 Date:	
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Completed forms can be emailed to <u>info@fairytaleforest.com</u>