

Autumn Rose Farm

Mailing address: 84 United Crossing, Apt D, Columbus, Oh 43235

Farm Location : 4270 Bean Oller Rd, Delaware, Ohio 43040

E-Mail: autumnrosefarm@hotmail.com Phone: 614-764-1881

CAMP AUTUMN ROSE 2023 Full and Half Day

Full Day Camp: 9:00 – 2:45 MONDAY-FRIDAY
(ARRIVAL TIME 9:00-9:15)

½ Day Camp AM: 8:30 – 11:15 MONDAY – FRIDAY
(ARRIVAL TIME 8:30-8:45)

½ Day Camp PM: 12:00 – 2:45 MONDAY – FRIDAY
(ARRIVAL TIME 12:00-12:15)

- ALLOWS YOU TO WORK EXTENSIVELY WITH HORSES
- TEACHES COMPLETE HORSE CARE
- LIMIT OF 6 STUDENTS PER SESSION**
- SEND ½ FEE AS A DEPOSIT TO HOLD SPACE

-THERE WILL BE 8 ONE-WEEK SESSIONS

DATES:

JUNE 5 -9	FULL DAY
JUNE 12 – 16	½ DAY AM
JUNE 12 – 16	½ DAY PM
JUNE 19 -23	FULL DAY
JUNE 26 -30	½ DAY AM
JUNE 26 -30	½ DAY PM
JULY 10 – 14	FULL DAY
JULY 17 – 21	½ DAY AM
JULY 17 – 21	½ DAY PM
JULY 24 – 28	FULL DAY
JULY 31-AUGUST 4	FULL DAY

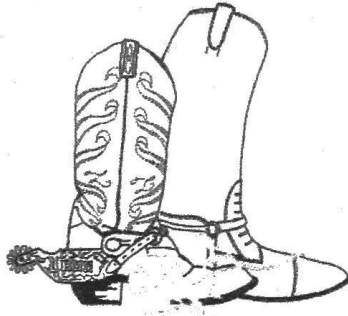
NO DEPOSITS WILL BE REFUNDED

COST: ½ DAY- \$325.00 FULL DAY- \$510.00

Venmo is preferred method of payment using @autumnrosefarm Abbie Noble. Please email forms to sue.badgley@yahoo.com

If paying by check, please bring payment to the farm location along with forms between 3pm-8pm weekdays or 1pm-4pm on weekends. Please give to an instructor on site.

Enrollment form on back



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SUMMER CAMP ENROLLMENT FORM

Child's Name: _____

Parent's Name: _____

Address: _____

City/State: _____ Zip Code: _____

Phone Number: _____ Email (required) _____

Age: _____ Please circle your child's T- shirt size CM CL AS AM AL

Dates Requested:

1st Choice: _____

2nd Choice: _____

****YOU WILL BE NOTIFIED IF YOU FAIL TO GET YOUR FIRST CHOICE***

Prior Horse Experience: _____

Cost: ½ Day \$325.00 Full Day \$510.00

Please include ½ fee as a Non-Refundable deposit with this form in order to reserve a space. Venmo is preferred method of payment using @autumnrosefarm Abbie Noble. Please email forms to sue.badgley@yahoo.com

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AUTUMN ROSE FARM CAMP MEDICAL FORM

CAMP DATES: _____

CHILD'S NAME: _____

PRIMARY CONTACT PHONE #: _____

INSURANCE CO: _____

#: _____

PARENT'S NAME: _____

ADDRESS: _____

PRIMARY PHONE: _____ Please circle one: Home Cell Work

SECONDARY PHONE: _____ Please circle one: Home Cell Work

Person to contact if you are unavailable:

Name: _____ Phone#: _____

Is your child allergic to any medication, food, etc.?

Any special instructions or daily medications your child needs during camp?

Child's Doctor

Address

Abbie Noble and employees have my permission to take my child to the emergency room and authorize treatment until I can be reached or arrive at the medical center.

Signed: _____ Date: _____