

2017 BIRTHDAY PARTY REGISTRATION FORM



Camper's Last Name _____ First _____

Birthday ____/____/____ Grade _____ Sex: M F School _____

*Parent 1 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Personal _____ Email _____

Occupation _____ Employer _____

Custodial Contact Billing Contact

*Indicates primary contact

Parent 2 / Guardian Last Name _____ First _____

Address _____ City _____ State _____ Zip _____

Relationship _____ Home Phone _____

Work Phone _____ Personal _____

Email _____

Occupation _____ Employer _____

Custodial Contact Billing Contact

Camper Lives with: Both parents joint custody mother father other _____

Birthday Party Date: _____

Party Time: _____

Be Sure to call to check available dates & times before sending this form in:

Horse Parties- 883-8977 x110
Traditional, Pool, Archery- 883-8977 x104
Ropes & Combined Adventure- 883-8977 x104

Camp Ketcha
336 Black Point Road
Scarborough, ME 04074
Phone 207 883-8977
Fax : 207-885-0944
www.campketcha.org

Party Type/Details/ and Options	# of participants included in party price	Base Party Price	Duration of Party (including 30 minutes cake/present time)	Additional Set up/Cake Time 30 minutes	Additional 30 minutes of programming time	Add on: Face Painting	Cost per Additional Participant (see guide for max number of participants per party type)	Party Season *season dates may change based upon property & weather conditions
Traditional Party (ages 4-14)	15	<input type="checkbox"/> \$180	1.5 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30 (ages 6+)	<input type="checkbox"/> \$20	\$5	Year Round
Low Ropes Party (ages 8-14)	10	<input type="checkbox"/> \$195	2.5 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20	\$8	March-November
High Ropes Party (ages 8-14)	10	<input type="checkbox"/> \$210	2.5 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	\$8	March-November
Zip Line Ropes Party (ages 8-14)	10	<input type="checkbox"/> \$220	2.5 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	\$15	March-November
Combined Adventure Party (ages 8-14)	8	<input type="checkbox"/> \$240	2 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	\$15	March-November
Trail Ride Party (ages 6-14)	6	<input type="checkbox"/> 160	1.5 hours	<input type="checkbox"/> \$20		<input type="checkbox"/> \$20	\$15	March-November
Pony Ride Party (ages 3-14)	6	<input type="checkbox"/> 140	1.5 hours	<input type="checkbox"/> \$20		<input type="checkbox"/> \$20	\$10	March-November
Pool Party (ages 3-14)	15	<input type="checkbox"/> \$200	2 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$40	<input type="checkbox"/> \$20	\$6	June-August
Archery Party (ages 7-14)	10	<input type="checkbox"/> \$195	1.5 hours	<input type="checkbox"/> \$20	<input type="checkbox"/> \$30	<input type="checkbox"/> \$20	\$6	April-October

CANCELLATION POLICY: Cancellations received three weeks prior to the party will be refunded in full minus the \$50 deposit. Cancellations received less than three weeks prior to the party are non-refundable

Trail Ride & Pony Ride Parties

please select one Arts & Crafts Activity

- Pony Grooming & Coloring Sheets
- Decorating Horse Shoes (additional \$3 per guest)

Parties Requiring Additional Forms:

Trail Ride, Pony Ride & Combined Adventure will need the Equine Release Form.

*Please let the barn staff know in advance if any of your party guests have a current signed Equine Release form on file at the barn so it can be pulled from our files for the birthday party coordinator.

Combined Adventure, High/Low Ropes and Zip Line parties will need A Ropes Course Confidential Medical History

PAYMENT METHOD:

Number of Expected Party Guests: _____

Party Total: Add all sections from above \$ _____

\$50 Deposit Payment Method: Cash Check _____ Visa MasterCard

Credit Card # _____ Exp. ____/____ CVC: _____

Billing Address if different than above _____

***FINAL PAYMENT DUE THE LAST BUSINESS DAY BEFORE THE PARTY**