



Campfire Cooking Application

Please print the following information. If additional space is needed, continue on another sheet. Return application by **July 1st, 2013** to: Grant-Kohrs Ranch NHS, 266 Warren Lane, Deer-Lodge, MT 59722 or fax it to 846-3962.

Parent's Name: _____

Name of Child to Attend Program: _____ Child's Age: _____

Address: _____

Phone Number: _____ (home) _____ (cell)

E-mail: _____

Best way to contact you: ___ home phone ___ cell phone ___ e-mail

Please mark any allergies that your child has:

___ horses ___ grass ___ dust ___ pollen

___ bee stings ___ Food (please specify) _____

___ other (please specify) _____

Emergency Contact Information:

Name: _____ Phone Number: _____

I _____ (print parent's/guardian's name) understand that this is a hands-on program. Children will be cooking during the program around a campfire. They will also be doing minor food preparation tasks. If conditions allow, children will be taking a wagon ride to the other side of the ranch for the program. I understand that horses and children are unpredictable and that although ranch staff will be taking steps to minimize risk by covering safety conduct around the campfire, cooking utensils, and the wagon, there is still a chance for injury to occur.

Parent's signature _____

Child's signature _____