



**IVY HILL THERAPEUTIC EQUESTRIAN CENTER
MEETING SPACE REGISTRATION FORM**
For more information, contact info@ivyhillequestrian.org

Group Name _____ DATE _____

Complete Address: _____

Phone Number: _____ Cell Number: _____

Contact Name + Email Address: _____

Proposed Date of Event _____ Alternate Date (s) _____

Proposed Time of Event _____

Proposed# of Attendees _____

PRICING & ADDITIONAL OPTIONS: (check all that apply)

Check Section		Event Fees
	Non-Profits	Free
	Local Business up to 4 Hours	\$500.00
	Equine Team Building up to 6 Hours	\$1,000.00
	Per Person Horse Utilization	\$50.00

Payment

- ❖ Deposit of \$50.00 for the program must be received to secure the date.
- ❖ Payment in full for the program must be received no later than two weeks before the proposed date.
- ❖ Payment can be made by check, credit card, or Venmo
- ❖

Attendance and Cancellation Policy

- ❖ **NON-EMERGENCY CANCELLATION**---We understand that things come up but there are no refunds
- ❖ **EMERGENCY CANCELLATIONS**---The program will go on regardless of weather and activities will be adapted if needed.

Certificate of Insurance: Please send along with Deposit or have insurance agency email to accounting@ivyhillequestrian.org

Loss Payee/Additionally Insured
Ivy Hill Foundation, Inc. T/A Ivy Hill Therapeutic Equestrian Center
1811 Mill Road
Perkasie, PA 18944

Please sign here that you have read and will comply with these policies:

_____ Signature _____ Date

Copy 1 – Executive Director

Copy 2 – Accounting

Copy 3 - Scheduling