

**IVY HILL THERAPEUTIC EQUESTRIAN CENTER
BIRTHDAY PARTY REGISTRATION FORM**

For more information, contact info@ivyhillequestrian.org

Parent/Guardian Name _____ DATE _____

Complete Address: _____

Phone Number: _____

Email Address: _____

Proposed Date of Event _____ Alternate Date (s) _____

Proposed Time of Event _____

Birthday Child's Name and Age _____ # of Riders (standard max 10) _____

PRICING & ADDITIONAL OPTIONS:

(check all that apply)

Check Section		Session Fee
	Party flat rate	\$350
	Additional Riders (over 10 people)	\$25 per person

Payment

- ❖ Payment 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.

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

Client (Parent or guardian of client) Signature

Date