



Storybook Stables

BIRTHDAY PARTY FORM

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www.storybookadventures.ca

storybookstables1@hotmail.com

Birthday Child's Name _____ DOB: _____

Parent's Name _____

Address _____ PC _____

Email Address _____

Telephone: Area Code _____ Cell _____ Res. _____

BIRTHDAY PARTY DATE & TIME: _____

Number of party-goers 2 years and up including birthday child (min. 8):

Pony themed party _____ x \$15 = _____

Farm Animal Fun _____ x \$10 = _____

HST (14 percent) = _____

TOTAL = _____

• I understand that a **\$50 deposit** will confirm my party with the balance due **BEFORE** the party begins (no child shall be permitted to ride/visit animals before payment made)

• In choosing to host my child's birthday party at Storybook Stables and for party-goers to participate in pony rides and/or other activities which involve animals, I

_____ recognize there are inherent dangers and hereby release Storybook Adventures, its owners, employees, shareholders, agents and related family members from any liability arising from injury to myself and/or party participants while on the premises.

Signature _____ Date: _____

Office use: Method of payment: _____ Amount paid: _____