OFFICE USE ONLY				
Ch#:	Amount:_			
Name:				

TRAIL RIDE BIRTHDAY PARTY BOOKING

Name	Ema	ail		_Date
AddressCity, Zip				
Home Phone		Work Phone		
Party Date	Time Slot allotted:		_Deposit Amt Paid	
Birthday Child's First Name	<u> </u>	Age	# of Children Attendir	ng
	ne hours booked for your speci and check in 15 minutes early		cannot be changed. Party	/ Time is approximately 1.5
	es designated for cleanup. Ar in the appropriate receptacle.			
Children under the age of 12 y	ears must be accompanied by	an adult at all tir	nes on stable grounds.	
\$125.00 per person for a mini	mum charge of \$600.00 your re	ental rate include	<u>s</u> :	
 45 minutes to 1 hour t Untack Horses Groom Horses Hand walk Horses to 				
	bring any decorations. Balloon the horses and then hurt some			• •
Food: Bring your own picnic u No alcoholic beverages are al	itensils, cake, drinks, and any f lowed.	ood that you wan	t to provide. Food must be	kept within the picnic area.
Additional Activities and services	ces available:			
Hay Rides – Up to 10Petting Zoo – Up to 1				
			Total:	

Refunds: Please be certain of your booking date, due to the fact that we have a strict cancellation policy and cannot move you to another day. We hope you understand that we have limited space for parties and schedule our staff accordingly so that we can make it your best birthday ever. The exception to refunds is if you choose to cancel your party due to rain.

Payment: Make checks payable to "Happy Horse Trail Rides, Inc." We do not accept credit cards.

RELEASE OF LIABILITY

I have elected to participate in the recreation activity stated above. In consideration for and as a condition of such participation, I agree to assume any and all risks arising out of or incident to such participation. I further agree to indemnify and hold harmless the City of Rolling Hills Estates, PWEC Enterprises, Inc., Happy Horse Trail Rides, Inc., and their instructors, agents, officers and employees from any and all claims, damages, losses, expenses or any person, arising out of or incident to my participation in this recreation activity.

I hereby represent that I understand and am familiar with the nature of the activities in which I will participate in this recreation program, that I am in good physical health, and that I do not have physical or emotional conditions, past or present, of which I am aware, which would in any way affect my ability to participate in this activity.

Date
Signature of Parent/Guardian
Signature of PWEC Enterprises, Inc.

For additional info: Chantal Allyn 310.541.9487 (Barn), 310.365.7343 (Cell), Chantal@pwecent.com

Peter Weber Equestrian Center 26401 Crenshaw Blvd. Rolling Hills Estates, CA 90274 WWW.PWECENT.COM