

Name of Representative: ___

HideawayHorse Center

12301 Cross Road Trail Brandywine, MD 20613 Phone: 301-782-3200

E-Mail: hideawayhorsecenter@yahoo.com Web: www.hideawayhorsecenter.com

Birthday Party Contract

Address:	
Phone:	
Email:	
Name of Birthday Child:	Age Turning:
Number of Horses Requested:	
Number of Children in Attendance:	
Date of Event: 1st Choice:	
Time of Event: 1 st Choice:	2 nd Choice:
Special Notations:	
event. Each event includes 4 hours of room rentatime may be purchased for \$25 per hour and a hour for 2 horses, and \$125 per hour for 3 horses	Horse Center. The remainder is due upon arrival at the al and 1 hour of horseback riding. Additional room rental additional ride time at \$75 per hour for 1 horse, \$100 per es. Decorations, food, and gifts are provided by you, the you. If you have any questions, comments, or concerns, bo.com or 301-782-3200.
	nter Hideaway Horse Center, LLC and participate in pony ry that may be sustained in connection with associated
Amount of Deposit Enclosed: \$	_
Party Representative:	
Signature	Date
FOR OFFICE USE ONLY	
Event Date:	Event Time:
Total Due:	
Deposit Paid:	
Remainder Due Day of:	
Hideaway Horse Center Representative:	
Signature	Date