



# Starbuck Equestrian

20 Mopus Bridge Road Ridgefield, CT 06877  
(203) 438-7749

## Starbuck Equestrian Birthday Party Reservation Form

Parties are held in our indoor ring viewing room or outside when weather permits  
Saturdays & Sundays after 3:30pm

Birthday child's name: \_\_\_\_\_ Birthday child age: \_\_\_\_\_  
(max. number of kids is 25)  
Guardians: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Date and time requested: \_\_\_\_\_ Number of children: \_\_\_\_\_  
Second choice: \_\_\_\_\_ Age range: \_\_\_\_\_

Party includes a Pony ride for each child, the birthday child rides first and last. We recommend 1 pony for under 10 children and 2 ponies for more than 10 children. Price includes tour of the barn by leader, including carrots for the horses. Children should wear closed-toe shoes (sneakers or boots).

**Check options below. Total package price is due with this reservation form.**

**1 pony** - 1 leader (riding helmets are supplied) \_\_\_\_\_ 300.00  
**2 ponies** - 2 leaders (riding helmets are supplied) \_\_\_\_\_ 350.00

**Craft activity:** acrylic frames decorated to hold photo.  
**Under 15 children** \_\_\_\_\_ 60.00  
**Over 15 children** \_\_\_\_\_ 70.00

**Polaroid photos** (instant photos)  
**Under 15 children** \_\_\_\_\_ 60.00  
**Over 15 children** \_\_\_\_\_ 70.00

**Total package:** \_\_\_\_\_

### WAIVER OF FARM LIABILITY

I recognize that this activity involves risk of injury and that because of the nature of this activity, an injury might occur. In the event of an injury to myself or to a family member, I give permission to the attending physician to render any treatment he deems necessary and agree to pay for such treatment. I agree to release Stepping Stone Farm, Inc., its affiliates, employees and instructors from any and all liability related to any injury I have sustained or may later sustain while engaging in this activity, and to hold Stepping Stone Farm, Inc., its affiliates, employees, and instructors harmless from any claim, cost, or expense related to any injury I have sustained or may later sustain while engaging in this activity. I acknowledge that I have read this statement, fully understand it and sign voluntarily.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Checks made payable to **Starbuck Equestrian**