

Shadowlane Birthday Party Registration Form

Birthday Guest Information

Name of Birthday Child: _____

Age: _____

Address: _____

Home Phone Number: (_____) - _____ - _____

Level of riding experience (if any): _____

Supervising Parent/Guardian

Name: _____

Email Address: _____

Phone Number: (_____) - _____ - _____

Party Information

Number of guests (children) attending: _____

Age/age range of guests: _____

Desired length of Party (1.5 hours or 2.0 hours): _____

Desired date and time for party: _____

Special Requests: _____

Please forward complete forms via email to cd.paxton@hotmail.com or mail to Shadowlane Stables c/o Carla Paxton, 10954 Gold Creek Drive, RR 4, Komoka, ON N0L 1R0