



**Birthday Party Form:**

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Name of parent \_\_\_\_\_ Phone number \_\_\_\_\_

Estimated number of guests \_\_\_\_\_

Date and time of party \_\_\_\_\_

Check which options you would like for your party:

\_\_\_\_\_ Horse Crazy.....\$375.00

\_\_\_\_\_ Add a Horse.....\$75.00

Number of Guests over 10 \_\_\_\_\_ x \$5.00 = \_\_\_\_\_

**Total** \_\_\_\_\_

To reserve your party date return this form with a \$50.00 non-refundable deposit to:

**Check payable to: Kathy Marciak**

**Mail to:  
Kathy Marciak  
27 Meadowcrest Drive  
Cecil, PA 15321**

**Please call five days before the party to confirm the number of guests.  
If you have any questions call Kathy at 724-554-5504**