# KAPITI EQUESTRIAN CENTRE BIRTHDAY PARTY REGISTRATION FORM

| DATE OF PARTY: | | DEPOSIT PAID $..... Date Paid……<br>REC NO: office use only |
|---|---|---|

**Party requirements** **Please tick boxes as required** **Treasure Hunt** ☐ **BBQ** ☐ Anything special (please nominate)

**Please note that your signature indicates that you have read, understood and accepted the terms & conditions**

| Birthday Party Childs Full Name (please print) | | D.O.B | Parent/Guardian Name (please print) | |
|---|---|---|---|---|
| Home Tel : | | | Mobile: | |
| email : | | | | |
| Address : | | | | |
| | | | | |
| Signature | | | Date: | |

**IMPORTANT: Please enter the Parent/Guardian contact details of all children who will be attending the Party**
**Please also bring to the Club's attention any child that has a medical condtion that the Club needs to be aware of .**

| Guest Childrens Names Age | Parent/Guardian Emergency Contact | Medical Condition | Email Address |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |