

SPECIAL REGISTRATION 2023

Group name:(ex: 'Susie's Birthday', or 'Sprott Shaw Students')		
Contact Person:	Proposed date:	
Best contact phone (including text notification	ons):	
Mailing Address:		
Email (required for admin and group notifications):		
Known Allergies and/or relevant medical info	rmation for participants:	
Amenities requested? □ Tables (2)	Activites requested?	
□ Chairs (8)	Groundwork Practice	
□ BBQ□ Use of Fire Pit	Horse care demoHorsemanship demo	
Photo BoothChildren's games		
Approximate number and age range of part	icipants:	
How did you hear about us?		



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Please list the names of known participants: *Can be submitted along with signed waivers as late as the start o	f the event
	
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Any additional questions or comments?	
OFFICE USE ONLY:	
Assigned staff:	
Registration Checklist:	
☐ Signed Waiver Received for each participa	nt
 Payment received 	
Confirmation email sentData entered in quickbooks and contacts	
Event plan completed	