



Farm Party Contract

This form and a \$50 deposit is due the day party reservation is made

Today's Date_____

Party Date: _____

Party Time: 10:00am - 12:00pm 12:00pm – 2:00 pm 2:00pm - 4:00pm

Birthday Child's Name & Age: _____

Parent/Guardian Name: _____

Address: _____

Contact #: _____ Cell: _____

Email Address: _____

Special Instructions:

Party Package includes 2-hour use of the farm facility for up to 15 participants including the birthday child. A party host and 2 volunteer assistants. A party room with tables and chairs for food and cake. (we will help set up and clean up) There is a charge of \$10 for each additional child.

Activities include:

- A tour of the farm and meeting the animals
- Feeding our cow, goats, sheep and rabbits
- Pony rides
- Grooming and brushing the ponies(if requested)

You may bring in your own food or order pizza locally. Pricing does not include food/pizza.

100% of all proceeds support our non-profit

Pricing:

Weekdays: \$400

Fri, Sat. & Sun: \$500

PARTY STRUCTURE: Check-in, farm tour, petting zoo, pony grooming, pony rides, cake and treats

1. Please arrive 15 min before your start time.
2. Remind all guests to wear close toed shoes and proper farm attire
3. Please have guests arrive promptly. Activities will start 10 min after party start time
4. No outside food is to be fed to our animals
5. Alcohol and smoking is PROHIBITED
6. It is your responsibility to provide Liberty Haven Farm with a Liability release form for every person that will be attending the event. One per family with each members name listed on liability release form.
7. It is the parent responsibility to monitor their child for safe and appropriate behavior
8. There is a \$50 charge for each additional 1/2 hour past the parties booked time.

We will do everything possible to make your day extra special!

**THANK YOU FOR CHOOSING LIBERTY HAVEN FARM FOR YOUR
EVENT!**

I have read and accepted the terms.

Signature: _____ **Date:** _____

Mon-Thurs \$400

Fri-Sun \$500

Additional Guest \$10 _____ children x \$10 \$ _____

Total due: \$ _____

Office Use Only

Deposit Date _____ Cash _____ Check # _____

PayPal _____

Deposit Amount _____

Balance Due _____

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A NJ NON-PROFIT 501(c)3 ORGANIZATION

