

RYAN ROSE HORSEMANSHIP

N8294 County Road E Brooklyn, WI 53521

906- 364-0379

ryan@rosehorseanship.com www.rosehorseanship.com

FACILITY AGREEMENT

This signed agreement by Ryan Rose and Facility Manager is a commitment to be a Clinician for said event to be held at

Facility/Address _____

Phone _____

on the following date (s) and times _____

The event format is: Clinic _____ Workshop(s) _____ Camp _____ Specialty

Camp _____ (check one)

Number of Days _____

Please provide an invoice for said event.

Facility fees are \$ _____ per day. Totaling \$ _____ for the event. (not to exceed \$250/day)

Fees to be paid for by the event participants are:

Stall/pen fees are \$ _____ per day (Y/N bedding included)

RV hook-up fees are \$ _____ per day (if available) Water (Y/N) Elec (Y/N)

*If there are not enough participants pre-registered to meet the minimum requirements, Ryan Rose reserves the right to cancel this event 2 weeks prior, making this contract null and void. (please contact Cheryl at cheryl@rosehorseanship.com for the required number of participants).

Thank you for your cooperation in the rental of this facility.

Additional agreements:

Signed _____ Date _____

Facility Manager

Signed _____ Date _____

Ryan Rose (Clinician)

Please sign and return to Ryan Rose at

ryan@rosehorseanship.com or N8294 County Road E, Brooklyn, WI 53521