



Ryan Rose 4 Star Senior Parelli Professional Event Agreement

ADDRESS:
5594 Alpine Rd.
Brooklyn, WI 53521

PHONE:
906-364-0379

EMAIL:
pnhrose@gmail.com

This event agreement is between Ryan Rose, and the event Coordinator.

Name _____

Address _____

Phone _____ Email _____

What kind of event are we doing? _____

Event fees are \$_____ per participant.

Auditor fees are \$_____ per day, or \$_____ event. Minimum of _____ participants needed, Maximum of _____ allowed.

Name and Address of Facility

Event Date _____

Stall fees are \$_____ per day. RV fees are \$_____ per day.
paid by the event participant, to the said Facility.

What's in it for the coordinator?

Free event participation/private lessons (if minimum participation is met) and Auditor fee's (all profit after expenses)

Auditor fees will go toward all expenses involved including Ryan's travel. After expenses are covered, the remainder profit from auditing fees will go to the Coordinator.

Additional Agreements: _____



If there are not enough participants pre-registered to cover the expense of this event, Ryan Rose reserves the right to cancel this event

Thank you for working with us on this event. We appreciate all your efforts in making this a success.

Signature - Coordinator

Date

Signature - Ryan Rose

Date