



Ryan Rose 4 Star Senior Parelli Professional Facility Agreement

ADDRESS:
5594 Alpine Rd.
Brooklyn, WI 53521

PHONE:
906-364-0379

EMAIL:
pnhrose@gmail.com

This signed agreement by Ryan Rose, is a commitment to be a Clinician for the event to be held at _____

on the following date (s) and times _____

The event will be _____ Clinic _____ Workshop (s)

You will provide me with a invoice following the event.

Your facility fees are \$_____ per day.

Totaling \$_____ for the event.

Your stall fees are \$_____ per day.

This includes _____

_____ and is paid by the event participants.

Your RV hook-up fees are \$_____ per _____.

This includes Water (Y,N)_____ Electrical hookup (Y,N)_____

and is paid by the event participants.

If there are not enough participants pre-registered to cover the expense of this event, Ryan Rose reserves the right to cancel this event 2 weeks prior, making this contract null and void.

Thank you for working with us on this event.

Additional agreements: _____

Date: _____

Date: _____

Signature - Facility Manager

Signature - Ryan Rose (Clinician)