

**~RYAN ROSE HORSEMANSHIP~
EVENT COORDINATOR AGREEMENT**

THIS AGREEMENT IS BETWEEN RYAN ROSE AND EVENT COORDINATOR:
NAME:

ADDRESS:

PHONE: _____

EMAIL: _____

EVENT DATES: _____

CLINIC_____ CAMP _____ WORKSHOPS_____ (CHECK ONE)

FACILITY NAME/ADDRESS

EVENT FEES: WORKSHOPS ~ \$150 EACH

2 DAY CLINICS ~ \$549 WITH *EARLY BIRD PRICE \$449

3 DAY CLINICS ~ \$695 WITH *EARLY BIRD PRICE \$595

5 DAY CAMPS ~ \$995 WITH *EARLY BIRD PRICE \$895

SPECIALTY CAMPS ~ CONTACT CHERYL AT

CHERYL@ROSEHORSEMANSHIP.COM FOR SPECIALTY PRICES.

*EARLY BIRD PRICE DUE IN FULL 90 DAYS PRIOR TO EVENT DATE

AUDITOR FEES: \$30/DAY WITH DISCOUNT ON MULTIPLE DAYS.

FACILITY FEES:

***FACILITY RENTAL PER DAY _____ (NOT TO EXCEED \$250/DAY)

TOTAL \$_____

***STALL FEE: _____ **PEN FEE: _____ **RV ONSITE FEE: _____

(**PER DAY)

EVENT COORDINATOR COMPENSATION FOR HOSTING SAID EVENT:

~ ONE PARTICIPATION SPOT AND A PRIVATE LESSON. ALL AUDITOR FEES COLLECTED.

*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@ROSEHORSEMANSHIP.COM FOR THE REQUIRED NUMBER OF PARTICIPANTS).

I AGREE TO THESE TERMS AND CONDITIONS.

EVENT HOST/COORDINATOR SIGNATURE_____

DATE_____

RYAN ROSE SIGNATURE_____

DATE_____

*PLEASE SIGN AND RETURN TO RYAN ROSE AT N8294 COUNTY ROAD E,
BROOKLYN WI, 53521

WWW.ROSEHORSEMANSHIP.COM
RYAN@ROSEHORSEMANSHIP.COM
906-364-0379