

RYAN ROSE HORSEMANSHIP
N8294 COUNTY ROAD E BROOKLYN, WI 53521
906- 364-0379
RYAN@ROSEHORSEMANSHIP.COM
WWW.ROSEHORSEMANSHIP.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 BY 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@ROSEHORSEMANSHIP.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@ROSEHORSEMANSHIP.COM OR N8294 COUNTY ROAD E, BROOKLYN, WI 53521