**CornerStone Equine**

**Event Coordinator Agreement**

This agreement is between CornerStone Equine and event coordinator:

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Dates:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group Lesson\_\_\_\_\_ Workshop\_\_\_\_\_ Clinic\_\_\_\_\_\_

Facility Name/Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Fees: Workshop- Half Day $100/person, Full Day $175/person

2 Day Clinic: $350 3 Day Clinic: $525

4 Day Clinic: $700 5 Day Clinic: $800

\*\* Payment due in full 30 days prior to event start date

Auditor Fees: $25/day per person. Youth 14 years and younger are free.

\*Stall Fee, Pen Fee, Haul-In Fee, RV Hook-Up Fee, are to be determined by Property Owner/Hosting Facility and paid directly to the Property Owner/Hosting Facility.

Event Coordinator Compensation/Incentive for hosting said event:

One participation spot and a private lesson. All auditor fees collected.

Event coordinator is responsible for mode of CornerStone Equine’s transportation payment i.e flying or driving with a vehicle with or without a horse trailer.

\*If there are not enough participants pre-registered to meet the minimum requirements, CornerStone Equine reserves the right to cancel this event 2 weeks prior, making this contract null and void. (Please refer to the website [www.cornerstone-equine.com](http://www.cornerstone-equine.com) for minimum participants required per event.) A minimum number of paying participants for this event is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to these terms and conditions.

Event Host/Coordinator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

CornerStone Equine/Rachel Fessenden (Clinician) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please sign and return this form to Rachel Fessenden at

[Cornerstoneequine360@gmail.com](mailto:Cornerstoneequine360@gmail.com) or P.O. Box 11234 Bozeman, MT 59719

[www.cornerstone-equine.com](http://www.cornerstone-equine.com) (406)-600-2937