CornerStone Equine

P.O. Box 11234 Bozeman, MT 59719

406-600-2937

[Cornerstoneequine360@gmail.com](mailto:Cornerstoneequine360@gmail.com) [www.cornerstone-equine.com](http://www.cornerstone-equine.com)

**FACILITY AGREEMENT**

This signed agreement by Rachel Fessenden at CornerStone Equine and Facility Manager is a commitment to be a Clinician for said event to be held at

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

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

Start/End Date for Event:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Event Format is: Group Lesson\_\_\_\_\_\_\_\_\_ Workshop \_\_\_\_\_\_\_Clinic\_\_\_\_\_\_\_\_\_

Please provide a written or printed invoice for said event.

Facility fees are $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ per day. Totaling $\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the event.

Fees to be paid for by the event participants are:

Stall/pen fees are $\_\_\_\_\_\_\_\_\_ per day (Y/N bedding included)

Haul in fees are $\_\_\_\_\_\_\_\_\_\_ per day

RV hook-up fees are $\_\_\_\_\_\_\_\_ per day (if available) Water (Y/N) Elec (Y/N)

\*CornerStone Equine reserves the right to bring one (1) clinic horse free of charge to said facility to hold the event.

\* 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.)

Thank you for your cooperation in the rental of this facility.

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility Manager

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rachel Fessenden (Clinician) CornerStone Equine

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