



Facility Agreement

This is an agreement that Matea Babcock will be a clinician for the event held at _____
_____ on this date(s) and times _____.

Your facility fees are _____ per day. Total for the event: \$ _____

Your RV fees are _____ per night. Your stall fees are _____ per night.

You will provide me an invoice at the end of the event. If the minimum number of participants is not met, Matea Babcock reserves the right to cancel the event 2 weeks before the event is to be held.

I appreciate you working with us on this event!

(Facility Manager) Date: _____

(Matea Babcock) Date: _____

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YOUR PATH TO HARMONY

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