

Show Stables National Training Contract

Flat Rate Training Program

\$900/mo.

This is a flat rate program offered to our training clients. Each horse and rider's program will be tailored to fit their personal and competition goals for the upcoming season. Training rides and turnouts will be scheduled by training barn staff to accommodate each horse and rider's needs. Included in this program are the following:

- ❖ *Training ride, group lessons. These services offered Tuesday - Saturday.*
- ❖ *Private lessons are available on an as needed basis and will be an additional \$25.00 per lesson.*
- ❖ *Medication/Supplemental Feed Service – This service includes an all inclusive feed and supplement program designed to meet your equine athlete's health and competition needs. Specialty medications or supplements will be administered on an as needed basis or as prescribed by a veterinarian at an additional charge.*
- ❖ *Show planning and entries*

Horse: _____ Date: _____

Owner: _____

Address: _____

Home: _____ Work: _____ Cell: _____

Email: _____ Fax: _____

Trunk Initials: _____ Combo: _____ Locker#: _____ Combo: _____

(Lockers provided to clients in training only)

Lay Up Care Yes No

Payment Policy

All training bill fees should be made payable to Elvenstar Show Stables and are due in full by the 10th of every month. All charges will be billed on a monthly basis and any changes must be made in writing and received by the training office by the 15th of the month. Any changes will go into effect starting the following month. Mid-month changes will not be accepted and no refunds are offered for partial months. No subcontracting of training services by staff or clients will be allowed.

Client Signature

Date

Training Barn Coordinator Signature

Date

All clients in the training program will be required to leave a credit card number on file. Training bills are due and payable by the 10th of each month. The credit card will be charged if the Elvenstar training bill remains unpaid by the 10th. For simplification of billing the client, upon the filling out and signing of this credit card information authorizes the training office to use this information for any veterinary ,dental work or competition entry for above horse.

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Payment Information

Type of Card: _____

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Signature: _____ Date: _____