

Elvenstar Regional Training Contract

Flat Rate Training Program

\$725/mo.

This is a comprehensive program. This program encompasses a combination of group and private lessons, training rides, and structured weekly planning for each horse/rider combination.

- ❖ *Training ride, group lessons (maximum 4 services per week).*
- ❖ *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.
- ❖ *Laundry and Laundry supplies*
- ❖ Per service lessons are charged if a training client chooses to use more than the 4 lessons/training ride services per calendar week. These lessons are charged at the current riding academy rates.

Private lessons are available on an as needed basis and will an additional \$25.00 fee per lesson

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 and are due in full by the 5th 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 5th of each month. The credit card will be charged if the Elvenstar training bill remains unpaid by the 5th. 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.

Academy Training Program Contract

Payment Information

Type of Card: _____

Card #: _____

Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____

Email Address: _____

Signature: _____ Date: _____