SHOW LOGO CAN GO HERE

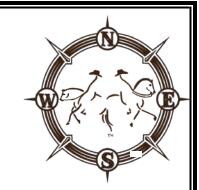
HORSE SHOW NAME

c/o Show Manager

Address

City, State Zip

INDEPENDENT CONTRACTOR'S AGREEMENT



Name:	Contractor's Name

Address: Contractor's address

Phone#: Contractor's phone number

Email Address: Contractor's email

Thank you for agreeing to be our *position* for Cowboy Dressage

Name: NAME OF SHOW Cowboy Dressage Gathering

Date: DATES OF SHOW

Location: NAME AND ADDRESS OF VENUE

Position: POSITION DESCRIPTION

Working Dates: DATES TO WORK

Remuneration: Fee: \$\(\frac{AMOUNT TO BE PAID TO CONTRACTOR}{\)

Per Diem: If applicable

Travel: Driving- - \$current rate per mile

Hotel Accommodations:

** **Travel** If you are driving, your mileage will be reimbursed at the rate of \$. <u>current rate</u> per mile. If you are flying please make your travel plans at least 6 weeks in advance in order to secure the lowest possible fare. <u>Give airport options</u> <u>closest to venue.</u>

CANCELLATIONS: If, for any reason you must cancel, you will forfeit any travel expenses you have incurred (it is between you and the airlines for you to get you money back). You must reimburse **HORSE SHOW** if we paid for your flight in advance.

This INDEPENDENT CONTRATOR'S AGREEMENT ("Contract") is made by and between the following parties:

HORSE SHOW AND CONTRACTOR

By: HORSE SHOW MANAGER NAME	Contractor	
	SS#:	_
Date:	Date:	