

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: \$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 \$current rate 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. Give airport options closest to venue.

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: _____