| Amount Owed     | St Clair Saddle Club  PO Box 303 • 1239 Gravois Rd • St. Clair, MO 63077  www.stclairsaddleclub.com • contact@stclairsaddleclub.com |
|-----------------|---|
| Office Use Only |   |

## **ARENA USAGE APPLICATION**

Application must be completed, and payment/donation received prior to event. Contractor is responsible for their equipment and setup. The saddle club is not responsible for accidents or providing equipment necessary for vendor to be operational.

In the event the contractor desires to cancel a reservation, vendor must give notice to an officer of the club at least thirty (30) days in advance of the reserved event to receive a refund of any money it has paid. Any event that is cancelled less than thirty (30) days before the event date will result in all monies paid forfeited. Events that are cancelled on behalf of the club will be reimbursed in full to contractor.

Contractor must provide the following documentation prior to event date:

- Completed Application
- Certificate of Liability Insurance with a minimum of \$1,000,000 and have St. Clair Saddle Club listed as the additional insured.
- List St. Clair Saddle Club as the co-sponsor/host of the event.
- Donation of \$300 made payable to the St. Clair Saddle Club.

## **Contact Information**

| Contractor   | Date                 | SCSC Representative               | Date                     |
|--|----------------------|-----------------------------------|--------------------------|
| location and grounds for the operar documentation is not complete by | tion of my business. | ·                                 | _                        |
| I have read and understand the info                                  |                      | the saddle club policies governir | ng the use of the club's |
|  |                      |                                   |                          |
| Please list dates of arena usage.                                    |                      |                                   |                          |
|  | <b>Event</b>         | Date(s)                           |                          |
| Business or POC Email:   |                      | Business Phone:                   |                          |
| Business Address (City/State/Zip):_                                  |                      |                                   |                          |
| Point of Contact:  |                      |                                   |                          |
| Business Name:   |                      |                                   |                          |