

NOTE: Provide a signed copy of this contract to the client within 30 days after you receive and accept a client deposit.'

OUTFITTER CONTRACT - SINGLE DAY

Western Slope Pursuit Outfitters

Eagle, Colorado

wspoutfitters@gmail.com

970-306-6450

Initials: _____

Today's Date: ____/____/____

Trip Date: ____/____/____

Client Name(s): _____

Phone (cell): _____

Phone (home): _____

Email Address: _____

Trip Details

Equipment Provided (list): _____

Guide Requested (name/yes-no): _____

Service Type (check one): Guided Fishing Other _____

Service Description: _____

Meeting Time: _____ Location: _____ Party Size: _____

Water / Area to be fished: _____

Transportation (check one): Guide Vehicle Private Vehicle Guest-to-Guide Ratio: _____

Fees

Trip Cost: _____

Use Fee (% float / % wade): _____

Equipment Rental / Other: _____

Total Due at Time of Trip: _____

Payment Method: Cash Credit Card Check Other _____ Payment Date:
_____/_____/_____

Cancellation and Refund Policy

Write your cancellation and refund policy here. Example language: Guests may cancel prior to the scheduled trip time without penalty. Trips that are paid in full and have departed the meeting location may be non-refundable, subject to applicable law.

Policy details:

- Cancellations/reschedules: if we need to cancel due to unsafe ice/weather, your deposit rolls to another date. If you cancel within 7 days, deposit may be forfeited unless we can re-book. We are flexible.
- Maximum anglers per guide: 4 (for full-service experience) certain exceptions may be allowed. We currently have 2 guides (Owners)
- Tips are appreciated

Regulatory Information

Colorado law (C.R.S. 12-145-108(1)(c) and (1)(d)) requires outfitters to maintain a bond and carry at least the minimum required liability insurance. Western Slope Pursuit Outfitters is insured through K and K and bonded with American Contractors Indemnity Company. Proof of bond and insurance is available upon request (oral or written). Outfitter activities are regulated by the Director of the Division of Professions and Occupations within the Department of Regulatory Agencies (DORA).

Signatures

Outfitter Signature: _____ **Date:** ____/____/_____

Guest/Client Signature(s): _____ **Date:** ____/____/_____