

MOUNTAIN MEADOW HOLISTIC EQUESTRIAN CENTER SPECIAL EVENTS APPLICATION & PLAN

Name of Event: _____

Date(s): _____ Time(s): _____

MMHEC Event Host(s): _____

MMHEC Event Host(s) Contact Info *(need at least one backup host)*: _____

Nature and Purpose of Event: _____

Clinician/Demonstrator/Show Manager Name: _____

Organization/Company Name: _____

Business Address: _____

City _____ State _____ Zip _____

Phone: _____ Cell: _____

Other contact information: _____

Expected number of participants and spectators: _____

Event Prices: _____

NOTE: Mountain Meadow Holistic Equestrian Center (MMHEC) policy requires that MMHEC's boarders/leasers/students/Blazing Saddles 4-H members be allowed to observe (audit in a non-participatory manner) any event held at MMHEC facilities. Exceptions may be made in certain circumstances only by MMHEC management.

Facility Requirements *(parts of facility needed, parking, equipment, maintenance, staff—please be thorough)*: _____

Other Relevant Information: _____

YOUR SIGNATURE BELOW SIGNIFIES THAT: 1) YOU HAVE RECEIVED AND AGREE TO ABIDE BY MMHEC'S EVENT/FACILITY USE POLICY; 2) YOU WILL WEAR, AND REQUIRE RIDERS UNDER YOUR SUPERVISION OR INSTRUCTION TO WEAR, ASTM/SEI-CERTIFIED HELMETS WITH HARNESS WHILE MOUNTED ON A HORSE; 3) YOU AND YOUR STAFF, COMPANIONS, AND VOLUNTEERS WILL NOT SMOKE WHILE ON THE PREMISES OF MMHEC/JAR; 4) YOU WILL, PRIOR TO THIS EVENT, PROVIDE MMHEC WITH A COPY OF YOUR INSURANCE BINDER THAT INCLUDES RMR, MMHEC AND JODER ARABIAN RANCH IN ITS LIABILITY COVERAGE AND 5) THE INFORMATION YOU HAVE PROVIDED ABOVE IS COMPLETE AND CORRECT TO THE BEST OF YOUR KNOWLEDGE.

Signed: _____ Date: _____

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EVENT HOST USE ONLY

Clinician/Demonstrator/Show Manager has received:

- * Copy of Special Event/Facility Use Policy * Special Events application (front side only)
- * Ranch and facility maps * Phone list with host, management and staff numbers
- * Other: _____

MANAGEMENT USE ONLY

Dates & times checked w/Master Calendar:

* by _____ date _____

Instructors notified:

* Christy J. - by _____ date _____

* Dawn - by _____ date _____

* Hallie - by _____ date _____

* Christy C. by _____ date _____

* _____ by _____ date _____

Facilities/equipment/maintenance scheduled:

* by _____ date _____

Staff support scheduled:

* by _____ date _____

Forms received:

* Completed and signed Special Events application

* Copy of insurance binder

Rec'd by _____ date _____

