



Wing Horse Club

We Live the Western Way

Facility Use

Organization: _____

Name of Responsible Party/Organizer: _____

Address: _____

Phone Number: _____

1. What type of event? _____

2. What are the date/dates and times needed? _____

3. Do you have proof of liability insurance? _____

4. Do you have liability waivers for participants? _____

5. Is there anything else we should consider? _____

Facility Rental for Wing Horse Club Members: \$50 or Non-Members: \$250

Deposit Required: \$100

The Wing Horse Club board of directors reserves the right to make changes at any time.

Signature _____ Date _____

Office Use Only;

Facility Form Completed: Yes No

Deposit Received: Yes No

Rental Payment Received: Yes No

Approved or Declined

Board Member Signature _____ Date _____

Board Member Signature _____ Date _____

Board Member Signature _____ Date _____

Include a check payable to the Wing Horse Club and return this to the address below.