

FACILITY RENTAL REQUEST

Please complete this form in it's entirety and submit to tammy.tomich@yahoo.com
Thank you

PROFESSIONAL INFO

Name: _____

Licensure/ Certification : _____

Business/Association name: _____

Contact Phone: _____ Contact email: _____

Client demographic (EAL/EAP/ children, horsemanship, therapist, etc.)

Group size: _____ Average Age: _____

EVENT INFO

Please provide a brief description of the event you are interested in providing.

Please indicate what description best suits your event

One Day: ____ Hours : _____

Two Day: ____ Hours: _____, _____

Three Day: ____ Hours: _____, _____, _____

One day weekly: ____, Hours: _____ How many weeks: _____

List your top choices for session dates.

1st choice _____ 2nd choice _____

3rd choice _____ 4th choice _____

BRIEFLY DESCRIBE YOUR NEEDS (ARENA, HORSES, TABLES, FOOD, ETC.)

Thank you for your request. Please watch your email, and check "junk box"
We do our best to respond within 24 hours.