

Mailing Address:
P.O.Box 1063 Fallbrook, 92088
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## FALLBROOK RIDERS RESERVATION REQUEST APPLICATION

Name of Group:			
Contact Person:	Phone:		
Mailing			
Address:			
Email:			
Begin Date Requested:		to	
End Date Requested:	Time Requested: from	to	
Type of Activity:	Name of Activity:		
o Horse Show / Competition			
o Clinic			
o Private Training / Lessons			
o Other			
Description:			
If Event is a fundraiser, who will this event	benefit?		
◆ Federally Recognized Non-Profit G	roup 501(c)3?		
◆ Nationally Recognized Youth Organ			
• Other			
Estimated Attendance?			

Any inte	ended "Open Flame" Fires (BBQ o	or Campfire)?	Yes / No		
Will Electricity be needed?		Micro	Microphone / Sound System		
FRF Ar	eas will be prepared prior to your	event by certa	in FRF Approved I	ndividuals. Please give a	
descrip	tion of your				
needs:					
<u>GENEF</u>	RAL INFORMATION				
	All reservation requests must be Board Meeting (held once per m the telephone. Upon FRF Board Approval of thi	onth) for FRF	Board Approval. R	eservations cannot be ac	cepted ove
۷.	Agreement." Should changes to necessary, they must be submitt and confirmed.	an Approved "	FRF Facility Use F	Policy & Rental Agreemer	nt" be
	All "General Rental Regulation/F be adhered to.		•	se Policy & Rental Agree	ment" will
4. 5.	All FRF policies have been read All accidents occurring on the FR Member Representative.			nediately to the FRF Boa	rd
RENTA	L REQUIREMENTS				
1. 2.	All fees are due at the time "FRF Insurance is Required, with "Fall amount of liability is \$1 million) a	brook Riders,	Inc." named as Ado	ditional Insured (the minir	
3.	Agreement". An FRF Board Member Represe contact for all arrangements of dof the Event.				
Signatu	re: (Renter - Person Responsible fo	or this Event		Date:	_
	(Izenter - Ferson Responsible to	л uns Evenu)			
Signatu	re:	<del></del>		Date:	
	(FRF Board Member Represent	ative for this A	kssignment)		