



Randle Equestrian LLC
 Deeda M. Randle
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EIN: 98-339416

2012 CONTRACT FOR COMPETITION OFFICIATING AND CLINICS

Name of competition and/or clinic: _____

Competition/Clinic Date: _____ Competition Address: _____

Competition Contact: Mailing Address: _____

Phone Number: _____ E-mail: _____

Service: Technical Delegate Judging Clinician Other: _____

Fee per day: \$ _____ + expenses Number of Days: _____ Est. Total \$ _____

Expenses: Meals _____

Travel Mode of Travel _____

Est. Mileage _____ Est. Parking Fees \$ _____

Airport of Departure _____

Preferred departure time and date after show: _____

Other Expenses: _____

Housing Preference: Hotel/Motel _____ Private Residence _____ None _____

Snack Preferences: _____

I agree to serve in the capacity and under the conditions set forth above. I also agree that I will not cancel this booking except in case of bona fide emergency or by agreement with the show secretary.

Remarks: _____

Date _____

Deeda Randle

To be completed by competition secretary:

Emergency phone to reach official during competition: _____

If travel by air, will competition secretary obtain tickets? _____ (If not Deeda Randle agrees to make reservations early and shop for the lowest possible rates)

Method of identifying competition representative at airport: _____

Compensation policy for exceeding 8 hours of officiating: _____

Compensation policy if show is canceled: _____

I agree to engage Deeda Randle in the capacity and under the conditions set forth above.

Date _____

Signature of Competition Secretary