



## RED RIVER ROPING AND RIDING CO-OPERATIVE TEAM PENNING CLUB-CATTLE RENTAL AGREEMENT

RR 5 SITE 19 BOX10PRINCE ALBERT SASK. S6V 5R3  
PHONE: 306 763-3434

**redriverriding.ca**

|                 |                 |           |              |
|-----------------|-----------------|-----------|--------------|
| <b>BILL TO:</b> | Name/Clinician: |           |              |
|                 | Contact Person: |           |              |
|                 | Address:        |           | Phone:       |
|                 | Email:          |           |              |
|                 | City:           | Province: | Postal Code: |

**BOOKING DATE:**

**EVENT DATE(S):**

**RENTAL DESCRIPTION(TYPE OF EVENT):**

**NUMBER RIDERS** \_\_\_\_\_

| PENNING/SORTING PRACTICE-CATTLE RENTAL AGREEMENT   | QTY | PRICE | TOTAL \$ |
|--|-----|-------|----------|
| <b>\$30/PERSON-FOR PENNING PRACTICE PURPOSES</b>   |     | \$30  |          |
| <b>CATTLE RENTAL AGREEMENT</b>   |     |       |          |
| <b>\$20/PERSON<br/>1-2 RIDERS WORKING CATTLE , 1-2 HRS<br/>3+ RIDERS WORKING CATTLE, FOR 2 HRS</b> |     |       |          |
| <b>WORKING COW HORSE CLINICS</b>   |     |       |          |
| <b>\$20/PERSON<br/>WORKING CATTLE PER CLINIC/LESSON DAY</b>  |     | \$    |          |
| <b>ANY ADDITIONAL CHARGES INCURRED</b>   |     |       |          |
| <b>ADDITIONAL CHARGES MAY BE INCURED IF ARENA STAFF OR MEMBERS HAVE TO RETURN CATTLE \$50/HR</b>   |     | \$    |          |

**RULES AND EXPECTATIONS**

**CLINICIANS REQUIRE THIS CATTLE RENTAL FORM IN ADDITION TO THEIR ARENA RENTAL AGREEMENT  
BALANCE TO BE PAID AT THE END OF EVENT  
IF ANY CATTLE ARE INJURED OR SICK, PLEASE CONTACT:  
BRIAN SNELL 306-929-4939  
GARY DUMONT 306-961-1005  
BOB DEWHURST 306-961-7174**

|                              |              |
|------------------------------|--------------|
| <b>Signature of Lesse: X</b> | <b>Date:</b> |
| <b>Manager signature: x</b>  | <b>Date:</b> |

Revised 2018-04-30