

# Lethbridge Therapeutic Riding Association

RR 8-24-6 Lethbridge, AB T1J 4P4

Phone: 403-328-2165 Fax: 403-317-0235 Email: ltra@platinum.ca

## Arena Rental Agreement/Application

### Renters Information

Renters Name: \_\_\_\_\_  
(must be in attendance the entire time of rental)

Organization: \_\_\_\_\_

Renters Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

### Event Information

Date of Rental: \_\_\_\_\_ Time From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of Rental: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

### Terms and Conditions:

Arena Rental Fee: **See Schedule of Fees**

Total Rental: \_\_\_\_\_

#### **Payable to the Lethbridge Therapeutic Riding Association**

A Security/Damage Deposit is required at the time of booking in order to secure the use.

- This fee is required in the form of credit card information and authorization to charge any costs to the respective card.
- The deposit will be refunded within 5 days after the function if the facility has been cleaned according to condition in this agreement **AND** no damage has occurred.
- Any costs incurred by the LTRA for extra cleaning or repairs to damages that occurred during rental will be deducted from this deposit.

**This is to certify that the information provided is true and correct and that I have read and understand the above "Terms and Conditions" and accept full responsibility for this event according to the attached Rental Use and Rules:**

**Renters**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LTRA Agent's**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_