



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

**2015 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**