



METCHOSIN EQUESTRIAN SOCIETY

Facility Booking Form

Return form to:
 Booking Agent
mespres21@gmail.com

MES Member: YES NO HCBC # _____

Date/s of Use: _____ Time(s) of Use: _____

Group Name: _____

Contact Person: _____ Position: _____

Address: _____ City: _____ Province: _____

Postal Code: _____ Phone: _____

Email: _____ Proof of Insurance: **Attach copy**

Facility Fees / Information

Full Day or Multiple Days	Includes - one harrowing & one watering	\$ 100.00	\$
	Additional - harrowing	\$ 25.00	\$
	Additional - watering	\$ 25.00	\$
Half Day	3 – 4 hours includes set-up time & break down time	\$ 50.00	\$
Participant Fee	Each rider who participates	\$ 5.00	\$
Concession	Available to rent as a stand alone	\$ 50.00	\$
Damage Deposit	Open dated cheque	\$ 200.00	\$
Cheque payable to: Metchosin Equestrian Society or e-transfer to: xxxxxx			TOTAL \$ _____

By signing this permit, you agree to the following conditions of use:

- This event or activity is subject to the District of Metchosin bylaws and regulations.
- All riders and horse handlers must have Horse Council BC Insurance.
- All riders and participants must sign the following forms:
 - District of Metchosin Waiver
 - MES – Capri Acknowledge and Release Form/s
- In the event the renter wishes to cancel this agreement, **a notice in writing** must be given by the renter to the MES Booking Agent at least **seven (7) days** before the event.
- In the event MES receives notice in writing to cancel the event **less than seven (7) days** prior to the event, MES shall retain the **\$200 Damage Deposit** pursuant to this agreement.
- Damage Deposit – The MES facility is required to be cleaned up prior to leaving. If this is not done, clean-up expenses may be billed to you by MES.
- Equipment or damage must be replaced at cost to the renter.
- If MES Ring Etiquette is not respected and disorderly and/or destructive conduct is reported, MES reserves the right to deny any future use of the equestrian facility.

I hereby agree with the above-noted items in this permit.

Signature of Authorized Representative

Date Signed