|  |  |
| --- | --- |
|  | **Great Lakes Region** **United States Pony Clubs**  **Instructor Contract**  Thank you for agreeing to come teac in our region; we are very excited to have you as part of our upper level program. Please review and sign this contract so that we can further plan your flight and meals to ensure a great clinic for you and our members. We look forward to meeting you. |
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## Instructor Personal Information

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full Name: |  | | | |  | | | |  |
|  | Last | | | | First | | | | M.I. |
| Address: |  | | | | | | | |  |
|  | Street Address | | | | | | | | Apartment/Unit # |
|  |  | | | | | | |  |  |
|  | City | | | | | | | State | ZIP Code |
| Cell Phone: |  | | | Email: | |  | | | |
| Birth Date: |  | | | Departure Airport: | |  | | | |
| Contracted Fee: |  | Per day |  | Contract Total: | | |  | | |

* To purchase plane tickets the above information must match Gov’t issued ID.
* All compensation includes airfare, baggage check not to exceed $50, airport parking not to exceed $20 (receipts required) **OR** mileage if driving up to $0.35 per mile (printed map stating number of miles required). This is additional to “Contract Total”.
* The Great Lakes Region will provide transportation to and from the airport and will provide lodging for the duration of the clinic. Lodging will either be in a host home or hotel; arranged by the Great Lakes Region.

## Great Lakes Region Contact Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contact Name: |  |  | |  |
| Contact Email: |  | | Cell Phone: |  |
| Second Contact: |  | | Cell Phone: |  |
| Clinic Location: |  | | Clinic Address: |  |
| Dates: |  | | Hours/day: |  |

## Instructor Emergency Contact Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  | | |  |
|  | Last | First | | | M.I. |
| Primary Phone: |  | | Alternate Phone: |  | |
| Relationship: |  | | | | |

## Meal Requests

All meals, snacks and drinks will be provided by Organizers. We do our best to accommodate any special snacks/food or drinks that you request for the duration of the camp.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Special Dietary Needs:: |  | |  | (Vegetarian, Vegan, Gluten Free, etc) | |
|  |  | |  | |  |
| Special Food or Drink requests: |  | Coffee, tea, coke, etc? | |  | |

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## Contract Acceptance

**I agree to the terms of this contract:**

|  |  |  |  |
| --- | --- | --- | --- |
| Organizer Signature: |  |  |  |
|  | Signature | Printed | Date |
| Instructor Signature: |  |  |  |
|  | Signature | Printed | Date |