

Loftmar Stables Inc.
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Bowie, MD 20716
301 249-7893

email-Loftmar@erols.com web site-www.erols.com/loftmar

Scout Contract

Name of Representative: _____

Address: _____

Phone: _____

Fax: _____

Troop Number: _____

Type of Function: _____

Number of Children in Attendance: _____

Date of Event: _____ 1st Choice: _____ 2nd Choice: _____

Time: _____ 1st Choice: _____ 2nd Choice: _____

Does your troop want to ride? _____

Cost: _____

Special Notations: _____

Each Scout will receive a booklet, which will include a variety of horsemanship information. A fifty percent non-refundable security deposit in the amount of \$ _____ must be sent with application. Remainder due upon arrival of event. We present a quality product and look forward to serving your needs. If you have any problems, comments or questions, please contact Jan Martin.

Troop Representative Date
Signature

Acceptance
Date: _____
Time: _____
Deposit: _____
Final: _____

Loftmar Stables Date
Acceptance Signature