

LETTER OF INTENT AND BOOKING FEE

^{JK} **AMADEUS**

2006 BREEDING SEASON

Mare Owner: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

The above named Mare Owner has a legal interest in the following Mare and desires to breed the mare to

^{JK} **AMADEUS** (AHR 318453) owned by **TRUE MOUNTAIN TRAINING CENTER**.

Owners: Brian and April Wozniak, (720) 733-2767 or email info@truemountain.com.

Mare Name: _____

Mare Sire: _____ Mare Dam: _____

Breed: _____ Registration No.: _____

Breeding Method: Transported Semen At Premier Breeding Services

Premier Breeding Services, LLC at Crooked Willow Farms is located at 5501 West Dakan Road, Sedalia, Colorado 80135. Phone: (303) 681-9717, Fax: (303) 681-9713. Insemination at Premier Breeding Services, LLC requires an additional Boarding and Breeding Services Contract and pricing.

Transported Semen Fee Schedule

Stallion Service Fee:	\$2000
Booking Fee:	\$250 (non-refundable, deducted from stallion service fee)
Handling Fee:	\$250 (per shipment, includes collection and standard shipping)
Courier Fee:	\$100 (for rush or non-standard shipments)
Equitainer Deposit:	\$250 (refundable) \$25 per day late fee for any equitainer not back in Premier Breeding Services' possession within 5 days of receipt by mare owner.
In-house Mare Care:	refer to Premier Breeding Services, LLC

With this letter, please enclose the **Booking Fee** of \$250 per breeding (non-refundable), payable to TMTC. The remaining balance of the **Stallion Service Fee** is \$1750, payable to TMTC prior to collection of semen. Handling Fee, Equitainer Deposit, and other breeding service fees will be payable to Premier Breeding Services and will be due prior to shipment of transported semen.

Note: Breedings booked to ^{JK} **AMADEUS** must be used in the year specified above. This is not a contract for breeding. This is a reservation guaranteeing a breeding to ^{JK} **AMADEUS** for the year specified. The breeding contract will be mailed upon receipt of the Letter of Intent.

Check #: _____ Date Received: _____ (or)

Visa/Mastercard (circle one) Card No.: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature authorizing TMTC to process credit card: _____