

**APGMWR
OUTDOOR RECREATION (ODR)
STABLES
Application**

Eligibility Status:

- Active Duty Military & Family (Rank) _____ Unit: _____ Contact Phone # _____
- Retired Military and Family _____ Ret DOD/ NAF & CG CIV
- NG/ Res and Family _____ DOD/NAF/ AAFES Emp. & CG CIV
- Contractor (Full Time on APG) Organization: _____ Contact Phone #: _____
- Other: Please specify _____

Proof of Eligibility Verified (STAFF INITIALS): _____ Date: _____

Last Name: _____ **First Name:** _____

Name of Organization: (if applicable) _____ **Work Phone #:** _____

Business Address: _____

Home Address: _____

Phone Number: _____ and _____
(Preferred) (Alternate)

Preferred Email: _____

Contract Period: 1 October _____ to 30 September _____ (unless otherwise noted>)

Horse Information: **Horse Sex:** (Select one) MALE FEMALE

Name of Horse: _____ **Type of Horse:** _____

Preferred Veterinarian: _____ **Phone:** _____

Shots (List date valid through date/ or last occurrence date): Coggin' s _____ Rabies _____

West Nile: _____ Potomac: _____ Rhino Flu: _____ Last Worming: _____

Horse Trailer Information:

Attach a photo of the horse and most recent copy of all vaccinations and update ODR when new vaccinations are given.

Make: _____ **Model:** _____ **Color:** _____ **Footage:** _____

Trailer/ Vehicle Tag Number and State: _____ **Expiration** _____

Insurance Provider: _____ **Policy #:** _____ **Expiration:** _____

I understand that by signing below have read and understand Policies of the APMWR Stables. I understand that if at any point I am not professional in abiding by ODR Stable Policies and ODR staff I risk forfeiture of my storage privilege:

Patron Signature: _____ **Date:** _____

**APGMWR
OUTDOOR RECREATION (ODR)
STABLES
Registration**

STABLE STORAGE REGISTRATION CONFIRMATION CONTRACT

I _____ (Patron Name)
understand that I am in the below contract.

Contract Period: October 1 _____ to September 30 _____ unless otherwise noted below.

Contract Period: From: _____ To: _____

Stall # Assigned: _____

Tack Locker # Assigned: _____

Fees: \$62.50 monthly per stall

_____ By signing below I agree that I was provided must abide the policies and procedures the Stable policies and procedures.

_____ I understand that I must have provided stall and tack locker tab visible with contact information during my entire storage contract.

_____ I acknowledge that the Army does not take custody and control of personal property in the APG MWR Stable Storage facility.

_____ I acknowledge that all personal items must be stored inside my stall/tack locker and properly labeled. (Name/ Emergency Contact Number) Stickers can be provided by FMWR.

_____ I acknowledge that I am to provide updated records to MWR. (Shot/ Trailer Registration etc.)

_____ I acknowledge that after nonpayment by 15th of the month I am charged \$10 penalty and \$1 per each additional day late.

Patron Signature: _____ Date: _____

Staff Completing Initials: _____

**APG MWR
OUTDOOR RECREATION PROGRAM (ODR)
Billing and Payment Form
STABLE STORAGE**

Last Name: _____ First Name: _____

Email Address: _____

Preferred Frequency of Payments: Billing is scheduled to take place between the 1st and the 5th of the month.

- Yearly
(1 Oct to 30 Sept)
- Semi-Yearly
(6 months- Oct 1 and April 1)
- Quarterly
(3 months- Oct 1, Jan 1, April 1, July1)
- Monthly
(Auto Debit)

Method of Payment:

Yearly and Semi-Yearly can pay Cash, Check or Credit Card. Quarterly and monthly can pay Credit Card only.

- Cash
- Check
- MasterCard
- Visa
- Discover

Auto Debit Option

Auto-Debit-Option. We take the payment (Monthly/Quarterly/Yearly/Semi-Yearly) from the Card listed below.

Only fill out below if you have selected Auto Debit Option.

You have hereby designated APG MWR ODR to debit your credit card for the below listed amount for the below listed contract period.

Name of Card Holder: _____

Credit Card Account Number: _____ Expiration: _____ CVS: _____

Billing Address: _____

(Street, State, Zip Code)

MWR Billing Policies

1. You must notify Outdoor Recreation in writing a month in advance of your withdrawal of your rental contract. Requests can be sent via email, usarmy.APG.imcom-fmwr.list.usag-mwr-outdoorrec@mail.mil or postage letter to 2184 Swan Creek Drive APG, MD 21005. No pro-rate will be given. If no notice has been received you will continue to be billed and possibly charged each month.
2. APG MWR will not be responsible for any additional charges a customer could incur from their bank or Credit Card Company if an overdraft on a check-card or credit limit exception occurs.
3. Payment is due on the 1st; after the 15th, a \$10 late fee will be billed every 10 days thereafter. After 45 days vehicle is considered abandoned and may be removed from the lot at owner's expense.

I have read and understand the Policies of the APGMWR billing for my designated facility.

Patron Signature: _____ Date: _____

STAFF ONLY (CIRCLE ONE)

Monthly Amount: \$62.50

Yearly Amount: \$600.00

Semi-Yearly Amount: \$ 375.00

Quarterly Amount: \$187.50

Contract period is: _____ to _____

Staff Completing Initials _____