Trail End- Event Reservation

Unless you have already done so, phone 307-674-4589 to confirm that the date you are requesting for your event is available. In order for your reservation to be confirmed, <u>payment must be received within</u> <u>fourteen (14) days of the initial contact date</u>. Please complete form <u>IN FULL</u> and return with check (payable to Trail End Guilds) to: Trail End Guilds, 400 Clarendon Avenue, Sheridan WY 82801

EVENT INFORMATION				
Day & Date:			Time:	
Type of Event: (check one)				
Location: (check one) SE Lawn SW Lawn East Lawn Orchard Courtyard Inside Other				
Number of Participants: Food/Drink Served: Yes No Cate			r:	
Sponsoring Organization: (if applicable)				
CONTACT INFORMATION				
Contact Person:				
Mailing Address:				
City/State/Zip: Phon			ne: ()	
Email (REQUIRED): Fax:			: ()	
WEDDING INFORMATION				
Bride: Groom:				
Rehearsal: (Date/Time/Size) None	l: (Date/Time/Size) None Photos: (Date/Time/Size)		□ None	
On-Site Reception: (Location/Time)				
Other:				
Please initial each box below, indicating that you have read and agreed to these conditions:				
I have read the Event Guidelines as distributed by the Trail End Guilds and understand that these guidelines and restrictions will apply to my event and that I will comply with them.				
I understand that neither the Trail End Guilds nor the Trail End State Historic Site will be held responsible for any misunderstandings based on my misinterpretation of these guidelines or my failure to comply with them.				
I understand that it is my responsibility to keep everyone participating in my event (guests/friends/family) informed about the site's guidelines and restrictions.				
Should my plans regarding this event change, I agree to contact the Trail End Guilds as soon as possible.				
Event Contact Signature:			Date:	
Trail End Contact Signature:			Date:	
FOR Staff Initials 1st Contact Fee Due Fee Paid	Check No.	Cancelled	NOTES	