

Date Request made_____

475 E Brundage ST Sheridan, WY www.Sheridanice.org info@sheridanice.org Sheridan Ice, LLC PO Box I Sheridan, WY 82801 (307) 674.9423



Request Form Rink View Hospitality Room

Date Room Requested for _		
Name		
Email		
Estimated Number of Skate	ers	
Saturday Afternoon Ope	n Skate 1:00-2:30pm*	
Sunday Afternoon Open	Skate 1:00-2:30pm*	
*Times are subject to cancellatio	n. Reservations will only be	confirmed 2 weeks prior to date.
\$75.00 Includes Room Rese You can pay at the Skate Co Credit/Debit card.		en Skate our Reservation, via cash, check to Sheridan Ice. LLC or
available. We appreciate your efforts	to leave the room as cle	prior to your skate party. Tables and chairs are can as possible. om, please ask at the Skate Counter.
	however scheduli ider your reservation f	to accommodate your request, ng conflicts may occur. finalized only after you receive a via phone or email.