

Trail End State Historic Site – 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, payment must be received within fourteen (14) days of the initial contact date.

**Please complete form IN FULL and return with check (payable to Trail End Guilds) to:
Trail End State Historic Site, 400 Clarendon Avenue, Sheridan WY 82801**

EVENT INFORMATION

Day & Date:		Time:
Type of Event: (check one) <input type="checkbox"/> Wedding <input type="checkbox"/> Guided Tour <input type="checkbox"/> Self-Guided Tour <input type="checkbox"/> Party <input type="checkbox"/> Concert <input type="checkbox"/> Other (specify)		
Location: (check one) <input type="checkbox"/> SE Lawn <input type="checkbox"/> SW Lawn <input type="checkbox"/> East Lawn <input type="checkbox"/> Orchard <input type="checkbox"/> Courtyard <input type="checkbox"/> Inside <input type="checkbox"/> Other (specify)		
Number of Participants:	Food/Beverages Served: <input type="checkbox"/> Yes <input type="checkbox"/> No	Caterer:
Sponsoring Organization: (if applicable)		

CONTACT INFORMATION

Contact Person:	
Mailing Address:	
City/State/Zip:	Phone: ()
Email:	Fax: ()

WEDDING INFORMATION

Bride:	Groom:
Rehearsal: (Date/Time) <input type="checkbox"/> None	Photos: (Date/Time) <input type="checkbox"/> None
On-Site Reception: (Location/Time)	<input type="checkbox"/> None
Other:	<input type="checkbox"/> None

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 OFFICE USE ONLY	Staff Initials	1 st Contact	Fee Due	Fee Paid	Check No.	Cancelled	NOTES

Trail End Guilds – 400 Clarendon Avenue, Sheridan WY 82801
(307) 674-4589 – www.trailend.org – admin@trailend.org

