

# Trail End State Historic Site – Event Reservation

Thank you for choosing Trail End as the site for your upcoming event. It is a beautiful facility for an outdoor event, full of natural greenery and spectacular views. With your cooperation, we hope to keep it that way.

Please read the accompanying [Event Guidelines](#) prior to reserving the grounds at the Trail End State Historic Site (guidelines are also available for viewing at our website, <http://www.trailend.org/vis-events.htm>). 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, Inc.) to:  
Trail End State Historic Site, 400 Clarendon Avenue, Sheridan WY 82801**

## EVENT INFORMATION

Day & Date:

Time:

Type of Event: (check one)  Wedding  Guided Tour  Party  Concert  Class  Other (specify)

Location: (check one)  SE Lawn  SW Lawn  East Lawn  Orchard  Courtyard  Other (specify)

Number of Participants:

Food/Beverages Served:  Yes  No

Caterer:

Sponsoring Organization: (if applicable)

## CONTACT INFORMATION

Contact Person:

Mailing Address:

City/State/Zip:

Email:

Telephone: (    )

Fax: (    )

## WEDDING INFORMATION

Bride:

Groom:

Rehearsal: (Date/Time)

None

Photos: (Date/Time)

None

On-Site Reception: (Location/Time)

None

Other:

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:

Guilds Contact Signature:

Date:

**FOR GUILDS  
USE ONLY**

TEG Contact

Contact Date

Fee Due Date

Date Fee Paid

Check No.

Cancel Date

Refund Date