

WHITNEY COMMONS RESERVATION REQUEST FORM

PHONE: (307) 674-7303 FAX: (307) 674-4335

P.O. Box 5085
Sheridan, WY 82801

Today's Date: _____

Name of Person/Organization Responsible for Event:

Day Phone: _____ Evening Phone: _____

Postal Address: _____ City: _____ State: _____

Email Address: _____

Date of Reservation Requested: _____ Alternate Date: _____

Event Start Time: _____ am/pm Event End Time: _____ am/pm

Event Title and Purpose:

Is this event open to the public? Yes _____ No _____

Number of People Expected at Event: _____

Will there be food? Yes _____ No _____ If Yes, describe: _____

Will the event include outside food providers/caterers? Yes _____ No _____

If Yes, who will be providing the food service?

Each food vendor must provide Whitney with proof of permit from the State of Wyoming Health Department.

Will there be music and/or entertainment at the event? Yes _____ No _____

If so, what type of entertainment? _____

Do you need access to electrical outlets? Yes _____ How many _____ No _____

Will there be alcohol served at the event? Yes _____ No _____

