

Historic Trails West Book Sheet

Date of trek _____ Trek _____ Meet at Trails Center Time _____

Name _____

Address _____

City _____ State _____ ZIP _____

Cell: _____ E:mail _____

Insurance Policy _____ Names _____

Adults on Wagon _____ x _____ = _____

Child on Wagon _____ x _____ = _____

10 and under.

Riding Horses _____ x _____ = _____

Age _____ Wt _____ HT _____ Experience _____

Age _____ Wt _____ HT _____ Experience _____

Age _____ Wt _____ HT _____ Experience _____

Age _____ Wt _____ HT _____ Experience _____

Bags _____ x10.00 _____ = _____

Total _____

1/3 Deposit _____

Balance 30 days prior to arrival _____

Cancellation Policy: 10 % Booking Fee 30 days prior

Before 30 days 100 % Refund

Card # _____ EX Date _____

3 # code _____

Waiver release form signed by each person prior to the wagon or Horse Trek.

Signature _____ Date _____

Historic Trails West , P.O. Box ,428 Mills Wy ,82644