



The Inn of Glen Haven

P.O. Box 219
Glen Haven, Colorado 80532
Phone: 970-586-3897
Fax: 970-586-3707

Date of Party: _____ Guaranteed Number of Guests: _____ Arrival time: _____

Reservation Notes

Name on Party: _____ Type of party: _____
Your Address: _____ City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Menu Notes

Appetizers: _____ Entrée: _____
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Dessert & Pub

Cheese Cake: _____ Whip Cream Cake: _____ Other: _____
Special Request: _____
Open Bar: ____ Cash Bar: ____ Other Request: _____

SORRY, We do not allow any ALCOHOL to be brought onto premises.

A **(NON-REFUNDABLE)** Deposit of **\$200.00** will be needed to reserve your reservation. We ask that your deposit be made at time of agreement made. If it should be more than 5 days after agreement, we will have the right to void this agreement.

Rooms, Charges, & Accommodations

[]	Wine Cellar Charge (no minimum)		\$	200.00
[]	Lobby Charge for Ceremonies		\$	150.00
[]	Dining Room Charge *		\$	500.00
[]	Event Hall Charge		\$	250.00
[]	Queen Victoria	\$145.00 x ____ nights	\$	_____
[]	Prince Albert	\$135.00 x ____ nights	\$	_____
[]	Charles Dickens	\$125.00 x ____ nights	\$	_____
[]	Lillie Langtry	\$115.00 x ____ nights	\$	_____
[]	Sherlock Holmes	\$105.00 x ____ nights	\$	_____
[]	Lord Dunraven	\$ 95.00 x ____ nights	\$	_____
[]	Scrooges Room	\$ 45.00 x ____ nights	\$	_____
[]	Tiny Tim Room	\$ 45.00 x ____ nights	\$	_____

Bill Tally

Charges Total:	\$	_____
Room(s) Total:	\$	_____
Dining Total:	\$	_____
Misc. Chrg:	\$	_____
Pub Total:	\$	_____
Sub Total:	\$	_____
Tax @ ____%:	\$	_____
Tip @ 20%:	\$	_____
Grand Total:	\$	_____
Less Deposit:	\$	_____
Total Due:	\$	_____

* Dining room: \$2000 minimum charge on any size party (\$500 + Dinners = \$2000 min.)

I agree to this agreement and understand that **IF CANCELED, I FORFIT ALL DEPOSITS PAID.**

Signed: _____ Date: _____ 20____