

Four Mile Historic Park reservation request fax form

Please print the required information clearly
and fax this form to 720-865-0801.

- ❖ Teacher's full name: _____
- ❖ A phone number where we can reach you or leave a message: _____
- ❖ School's name and complete mailing address:

(name)

(street address)

(city and zip)

- ❖ In order of preference, please give us three dates which can potentially work for you:
1. _____
2. _____
3. _____

- ❖ Please tell us an approximate number of children who will be coming _____
and from how many classrooms _____. Grade level? _____

- ❖ In which program are you interested?

Traveling the Cherokee Trail _____ Winter Wonder Days _____

The Pioneer Sampler _____* Westward Ho! _____

*If you are interested in the Pioneer Sampler please indicate the specific activities
you would like your students to experience: _____

- ❖ If you are uncertain which program fits your needs the best or if you have questions
please inform us here and we will call you with suggestions/answers: _____

