

Mule Shoe Outfitters, LLC
Kendall Valley Lodge

P.O. Box 1555 Lodge Phone 307-367-2223
 Pinedale, WY 82941 1-888-803-7316

Summer Trip Reservation Form



info@kendallvalleylodge.com
info@muleshoeoutfitters.com

Contact Name _____ email _____

Address _____ Contact Phone () _____

City _____ State _____ Zip _____ Other Phone _____

Date(s): _____ Activity: _____

Destination _____

Guided Trail Rides and Fishing Trips out of Lodge		#persons _____
1 hour ride	\$45.00 per person	2 hour ride \$65.00 per person _____
Half Day	\$200.00 per person	3 to 4 hours approx.. _____
Full Day	\$300.00 per person	6 to 8 hours approx.. _____

Guided Trail Rides and Fishing Trips away from Lodge to other Trailheads		#persons _____
Half Day	\$350.00 per person	_____
Full Day	\$550.00 per person	_____

Wilderness Fishing/Pack Trips full service - 12 persons max	#persons _____	x #days _____	= _____	/day
1-3 people	\$400.00 per person per day	_____	_____	_____
4-7 people	\$350.00 per person per day	_____	_____	_____
8-12 people	\$300.00 per person per day	_____	_____	_____

Gear Drops (one way pricing) pack-in and pack-out count as 2 Gear drops		#drops _____
Base Rate Fee \$800 1-2 persons	Base Rate Fee \$600 3 or more persons	_____
Add \$200.00 per each pack animal	_____ #pack animals x \$200.00	_____
Average 2 person per pack animal	150lbs limit/pack animal	

Spot Packs (one way pricing) pack-in and pack-out count as 2 trips		#persons riding _____	#pack animals _____
Base Rate Fee \$ 600.00	#trips _____	_____	_____
Add \$200.00 per pack or riding animal	_____ # animals x \$200.00	_____	_____
Average 2 person per pack animal	150lbs limit/pack animal		

**more remote distances may require additional fees

Total Due \$ _____

To participate in any guided horseback activity a signed Participant Activity Waiver is required.

**25% Deposit required on all activity reservations. Deposit received confirms reservation of desired dates and activity. Deposits are non-refundable unless there are extenuating circumstances. Balance is due in full prior to scheduled activity.

Deposit (25%) \$ _____

Balance Due \$ _____

Date Paid _____ **#** _____

***we accept payment by personal check, cashiers check, cash or credit card:

CREDIT CARD INFORMATION: ___ Visa ___ MC ___ Discover ___ American Express

Name on Card: _____ Credit Card #: _____

Zip Code _____ Expiration date: _____ CVC Code: _____

Authorized Signature: _____ Date _____

