Wedding Contract Request Form

To Reserve Incline Village Venues

Bride's full name: _____

Groom's full name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Resident of Incline Village: _____ If so Resident Number: _____

Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Requested Event Date: _____ Day of the Week: _____

Estimated Guest Count: _____

Venue Requested: _____ Ceremony Sites: _____

Estimated Time of Day: _____ Rate Quoted: _____

How did you hear about us? _____

Return to Sales and Event Coordinator:
Cathy Becker, ceb@ivgid.org 775-832-1240 or Fax to 775-832-1347
Mail to: The Chateau 955 Fairway Blvd, Incline Village, NV 89451