

Mt. Kearsarge Indian Museum
GROUP RESERVATION 2009
(Minimum 10 total paying participants)

For MKIM use only

TOUR DATE

Please provide three possible tour dates. We will confirm one or call with alternates.

1st _____ 2nd _____ 3rd _____

School/Group Name _____ Grade _____

Contact Person _____ Date booked _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Arrival Time _____ Departure Time _____

Special Needs _____ MUSEUM STORE YES NO

MUSEUM TOUR	<i>Number</i>	<i>Sub-total</i>
Children 12 & Under	_____ @ \$5.50	_____
Children 17 & Under	_____ @ \$6.50	_____
Adults 18 & Over	_____ @ \$7.50	_____
Seniors 65 & Over	_____ @ \$6.50	_____
MUSEUM & CONNECT THE CIRCLE		
Children 12 & Under	_____ @ \$10.50	_____
ADULT CHAPERONES	_____ @ \$5.00	_____
TEACHERS/AIDES	_____ @ N/C	_____
TOTAL	_____	_____

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***Classroom Teacher, Assistant Teacher and One-on-One aides are admitted free (maximum 3 per class). All other chaperones should be entered above.**

Please check reservation details and read the visitor guidelines. If information is correct and guidelines acceptable, **please sign this contract and fax back to us at (603) 456-3092** to confirm your reservation. Any questions please contact us at (603) 456-2600. We look forward to your visit.

This form serves as your invoice. Full Payment is due on day of tour. Please adjust your numbers accordingly if necessary (in accordance with our guidelines). Please note that we are unable to make refunds for pre written checks on the day of your tour.

Signed: _____

Date: _____

RECEIVED:

MKIM: