

Tell us about your event!

Reservation Request Form

Name of Group: _____ # in Group: _____

Name of Responsible Party: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number (Primary): _____ (Secondary): _____

Email Address: _____

Date of Reservation: _____ Arrival Time: _____ Departure Time: _____

Caterer/Other Vendors: _____

Preferred Method of Contact- Please Circle One: **PHONE** **EMAIL**

NOTICE

Upon receipt of your reservation request, you will be contacted by museum staff for date availability and confirmation. Your reservation is not confirmed and scheduled until you've spoken with museum staff and the contract and waiver are signed and a deposit has been paid.

See Policies & Procedures document for information on reservation costs.

