


2016-17 Reservation Request Form

Mail, fax, or email

Name of group	Person in charge	Date
Address		City, State, ZIP
Phone	Fax	Teacher Email

Scheduling Information

Grade level	Number of supervising adults (no charge)
Number of children	Number of classrooms
Date of Visit: 1st Choice:	2nd Choice:
Date of Visit: 3rd Choice:	4th Choice:
Preferred Program Time	1st Choice: 2nd Choice:
In-School Program (for programs that apply )	Yes No

Program Request

Program Name 1st Choice:	2nd Choice:
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Fees

Group Entrance Fee

Free Stamford Public Schools, K – 12

\$3/child Stamford Pre-Schools,
private and other non-profit organizations

\$4/child All other schools (if applicable) \$ _____

Program Registration Fee

\$70/Program Presentation for all groups

Number of Programs x \$70 \$ _____
(if applicable)

Outside Travel Fee

\$30/Day for groups outside of selected areas \$ _____

Total fee \$ _____

Check (make checks payable to Stamford Museum & Nature Center)

Credit Card MasterCard Visa AmEx

Acct No.	Name (as it appears on card)		
Exp. Date	CVV Code	Signature	
Billing Address	City	State	Zip

PAYMENT

The balance due can be paid now, when the confirmation is received, or at the time of your visit.

SM&NC IN THE SCHOOLS TRAVEL FEE

There will be an additional fee of **\$30/Day** added to cover travel expenses for SM&NC in-school programs to communities beyond a 15-mile radius of the Stamford Museum & Nature Center.

Mail to Stamford Museum & Nature Center, 39 Scofieldtown Road, Stamford CT 06903

Fax to 203.322.0408

Email to lmonachelli@stamfordmuseum.org