



Stamford Museum & Nature Center
39 Scofieldtown Road
Stamford, Connecticut 06903
Phone: (203) 322-1646
Fax: (203) 322-0408
www.stamfordmuseum.org

GROUP RESERVATION REQUEST FORM

This form is for groups who wish to visit the SM&NC and choose NOT to have a program. Self-guided visits are from 9am - 4pm.

Group Information

Name of group _____ Person in Charge _____ Date _____

Address _____

Phone _____ Fax _____ Email _____

Scheduling Information

Date of Visit : 1st Choice _____ 2nd Choice _____

Time of Visit: _____ Grade level _____

Number of Children _____ Number of Supervising adults _____

Adult on site at time of visit: _____ Cell phone # for person on site: _____

Fees

Group Entrance Fees (Self-Guided Visit)

- Group rates apply to groups of 10 or more students. (Exception: Special Education Classes)
- There is no charge for supervising adults

FREE - Stamford Public and Private Schools

\$3/student - Other Stamford pre-schools and non-profit organizations

\$4/student - All other schools and organizations

For groups of less than 10, use the Regular Public Entrance Fee:

Adults: **\$10**

Seniors 65+: **\$8**

Children (4-14) **\$5**

Children 3 and under **FREE**

Total Fee Due \$ _____

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

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

Credit Card Mastercard Visa Amex

Acct No. _____ Exp Date: _____

Name (as it appears on card) Signature _____

Mail To: Stamford Museum & Nature Center, 39 Scofieldtown Rd., Stamford, CT 06903 **Fax To:** 203-322- 0408

Your confirmation will be mailed to you with directions. If the date of your visit is near, then you confirmation will be faxed to you.

Please bring this confirmation with you, it is your entrance pass. You may pay at the gate the day of your visit.