



Stamford Museum & Nature Center

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

SELF-GUIDED GROUP RESERVATION REQUEST FORM

This form is for groups who wish to visit the SM&NC & choose NOT to have a program.

Group Information

Name of group: Person in charge: Today's Date:
Address: Phone: Fax:
Cell phone # & name of person on site day of visit: Email:

Scheduling Information

Date of Visit : 1st Choice 2nd Choice: Time of Arrival:
Number of Students: Number of Supervisors: Number of Chaperones:

Fees

Group Entrance Fees (Self-Guided Visit). Group rates apply to groups of 10 or more students.

- FREE - Stamford Public School, K-12
\$4/student - Stamford pre-schools, private and other organizations in Stamford
\$5/student - All other schools and organizations

Chaperones: \$10

Your group will be subject to regular admission prices if, on the day of your visit, you arrive with less than 10 participants (supervisors not included). For groups of less than 10, use the Regular Public Entrance Fee:

Table with 2 columns: Category (Adults, Seniors 65+, Students, Teachers) and Fee (\$12, \$10, \$6, FREE)

Total Fee Due \$

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

- [] Check (Please place date of visit and purpose on the check and make checks payable to the Stamford Museum & Nature Center)
[] Credit Card

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

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 your 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.