

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: _____

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: _____

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

\$75/Program Presentation for all groups

Number of Programs x \$75 \$ _____

Outside Travel Fee

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

Total fee \$ _____

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.

Check (make checks payable to Stamford Museum & Nature Center) Purchase Order PO # _____

Credit Card MasterCard Visa AmEx

Acct No. _____ Name (as it appears on card) _____

Exp. Date _____ CVV Code _____ Signature _____

Billing Address _____ City _____ State _____ Zip _____

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

Fax to 203.322.0408

Email to lmonachelli@stamfordmuseum.org