



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

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 from 9am – 4pm

Group Information

Name of group _____ Person in Charge _____ Date _____

Address _____

Phone _____ Fax _____ Email _____

Person on site at time of visit _____ Cell phone # of person on site _____

Scheduling Information

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

Time of Visit: _____ Grade level _____

Number of Children _____ Number of adults _____

Fees

Group Entrance Fees (Self-Guided Visit)

Group rates apply to groups of 10 or more students. (Exception: Special Education Classes)

FREE – Stamford Public School, K-12

\$3/student – Stamford pre-schools, private and other non-profit organizations

\$4/student – All other schools and organizations

Teachers: **Free**

Additional Adults: **\$8**

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

Adults: **\$10**

Seniors 65+: **\$8**

Students: **\$5**

Teachers: **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 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.