

GROUP RESERVATION REQUEST FORM

Organization/Company/School

Name: _____

Contact Name/Title: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ - _____ **Phone (Daytime):** _____

Fax: _____ **Email:** _____

Please list, in order of preference, the date and time your group would like to visit. We will contact you within two (2) business days to confirm available dates.

***Date 1:** _____

Date 3: _____

***Times:** (on the hour, am/pm)

Times:

***1.** _____

1. _____

***2.** _____

2. _____

***3.** _____

3. _____

Date 2: _____

Times:

1. _____

2. _____

3. _____

*Would you like to request free bus transportation to and from the museum? Yes No

*Name of group: _____

*Name of person arriving with group: _____

*Number of paying adults: _____

*Number of paying seniors/military: _____

*Number of tour guides (eligible for complimentary admission): _____

*Number of paying students: _____

Age range of students _____

*Number of chaperones (eligible for complimentary admission): _____
The museum requires one (1) chaperone for every (10) students. Additional chaperones will be charged admission.

*Number of drivers: _____ *Number of motorcoaches: _____

Special Needs/Requests:

- Please check one: No special needs, self-guided
 Museum introduction and orientation
 Self guided materials/worksheets (This is recommended for all student groups.)

Other, please specify:

Payment Requirement: When your group's tour date is confirmed, full admission payment is required to finalize your reservation.

Submit completed form to:

Group Reservations
Marian Koshland Science Museum
National Academies
500 Fifth Street, NW
Washington, DC 20001
Fax: 202-334-1548