

**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.

<b>*Date 1:</b> _____	<b>Date 3:</b> _____
<b>*Times:</b> (on the hour, am/pm)	<b>Times:</b>
<b>*1.</b> _____	1. _____
<b>*2.</b> _____	2. _____
<b>*3.</b> _____	3. _____

**Date 2:** \_\_\_\_\_  
**Times:**  
    1. \_\_\_\_\_  
    2. \_\_\_\_\_  
    3. \_\_\_\_\_

**\*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:

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**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