

# Enrichment Kit Reservation Form

175 Limit Street  
Battle Creek, MI 49037



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skelly@kingmanmuseum.org

Today's Date \_\_\_\_\_ Program Date \_\_\_\_\_  
Pick Up Date \_\_\_\_\_ Date to be Returned \_\_\_\_\_

School/Organization name \_\_\_\_\_

School District (if applicable) \_\_\_\_\_

Contact Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Grade/Age \_\_\_\_\_ # of students \_\_\_\_\_ # of classes \_\_\_\_\_ # of adults \_\_\_\_\_

Kit Requested \_\_\_\_\_

**Cost: \$25 (rental is for three weeks) plus \$20 refundable deposit**

\*Please note that the kit will be inventoried before you pick it up and upon arrival back at the museum. Renters will be held responsible for all lost or damaged items. A list of item values will accompany your kit. In the event that the kit is not returned to the museum three weeks after you pick the kit up, the renter will be billed for the full replacement cost of the kit or you may call in advance and request an additional week for \$25, if the kit is available.

**We request that groups pay with a lump sum, either with a single check, cash, or one credit card payment.**  
\*\*Museum staff will confirm reservations within one week of being received\*\*

**Refundable deposits will be returned within 10 days after the kit is returned**

All groups not affiliated with a school district must provide a 50% deposit or a credit card number to confirm their reservation. Any group, including those from a school districts, that does not cancel within 48 hours of the date of kit pick up by email or phone, will be billed for 1/2 of the total cost.

Confirmation Check # \_\_\_\_\_ Amount Received \_\_\_\_\_  
Confirmation Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

## **Museum Use (This Section Only)**

On Calendar \_\_\_\_\_  
Confirmed \_\_\_\_\_  
(Date) (Initial)

Fee schedule: # of kits \_\_\_\_\_ X \$25 = \$ \_\_\_\_\_  
Refundable deposit: # of kits \_\_\_\_\_ X \$20 = \$ \_\_\_\_\_  
Total = \$ \_\_\_\_\_

Balance \_\_\_\_\_ Method of Payment \_\_\_\_\_ Check # \_\_\_\_\_