

Group Reservation Form

175 Limit Street
Battle Creek, MI 49037



269-965-5117
Fax: 269-965-3330
skelly@kingmanmuseum.org

Today's Date _____ Program Date _____
Arrival Time _____ Departure Time _____

School/Organization name _____

School District (if applicable) _____

Contact Person's Name _____

Address _____

Phone # (_____) _____ Fax # (_____) _____

E-mail _____

Grade/Age _____ # of students _____ # of classes _____ # of adults _____

Program(s) Requested _____

Special Requests _____
(lunch arrangements or special needs students, for example)
Will your group shop in the gift shop? _____

**Cost: Admission = \$3/person for groups of 10 or more, Program = \$35, Planetarium Show = \$45,
Multiple Programs/Planetarium Shows = First Program/Show at full price, other programs \$10 off**

****Museum staff will confirm reservations within one week of being received****

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 the tour by email or phone, will be billed for 1/2 of the total cost. Balance is due day of program unless prior arrangements have been made. The balance is payable by check, money order, cash, or credit card. One form of payment please!

Confirmation Check # _____ Amount Received _____
Confirmation Credit Card # _____ Exp. Date _____

Museum Use (This Section Only)

On Calendar _____
Confirmed _____
(Date) (Initial)

Program presenter(s) _____ Volunteer _____
Fee schedule:
of programs _____ X \$35 = \$ _____
of discounted programs _____ X \$25 = \$ _____
of planetarium programs _____ X \$45 = \$ _____
of discounted planetarium programs _____ X \$35 = \$ _____
of admissions _____ X \$ 3 per person = \$ _____
Total = \$ _____

Balance _____ Method of Payment _____ Check # _____