

Outreach Program Reservation Form

175 Limit Street
Battle Creek, MI 49037



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

Today's Date _____ Program Date _____
Program 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 Requested _____

Special Requests _____
(Special topics or special needs students, for example)

Cost: \$125 for 35 people (students, parents, teachers) with a charge of \$3 per additional person

****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 program 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: Cost of one program is \$125 = \$ _____
of additional people _____ X \$3 = \$ _____
of additional programs (same day) _____ X \$75 = \$ _____

Balance _____ Method of Payment _____ Total = \$ _____
Check # _____