Musée Morinville Museum School Group Booking Form

Please complete & return forms to:

Musée Morinville Museum Donna Garree, Museum Operations Attendant

P.O. Box 3252, Morinville, AB. T8R 1S2 Phone: 780-801-3290 Fax: 780-801-3291 Email: morinvillemuseum@shaw.ca

Date of visit:

Departure Time:

Arrival Time: Please arrive 10 min. early.

Name of School or Groups:

Grade:			
Contact Name:			
Contact Address:			
Contact Postal Code:			
Contact Phone:			
Contact Email:			
No. of children:	1	Ago Grou	ID:
No. of adults:		Age Grou	ıh. I
Special requirements:			
(e.g. disabilities, large			
print, allergies)			
print, anergies)			
Program Requested:			
Activities Requested:			
Intended visit learning	1		
Intended visit learning outcomes:			
outcomes.			
Thank you. The Musée Morinvil	le Museum staff w	ill contact you to confirm vo	our request and to
	cuss any question		- 4
For Staff: 1. Date form received:	l		
Letter sent with confirmation?			
Note any call & dates made			
with contact person.			
4. Who will be doing the tour?			
5. What actiivties are planned?			
	•		
Cost per student:	\$2.00 x	# of students =	
		Dd. obcerne #	
Please make cheque payable to Musée	Morinville Museum	Pd: cheque #	
Please make cheque payable to Musée	Morinville Museun		