

**Musée Morinville Museum
School Group Booking Form**

**Please return forms to:
Musée Morinville Museum
P.O. Box 3252, Morinville, AB. T8R 1S2
Phone: 780-572-5585 Fax: 780-572-5586
Email: morinvillemuseum@shaw.ca**

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|---|--|------------|--|
| Date of visit: | | | |
| Arrival Time: Please arrive 10 min. early. | | | |
| Departure Time: | | | |
| | | | |
| Name of School or Groups: | | | |
| Grade: | | | |
| Contact Name: | | | |
| Contact Address: | | | |
| Contact Postal Code: | | | |
| Contact Phone: | | | |
| Contact Email: | | | |
| | | | |
| No. of children: | | Age Group: | |
| No. of adults: | | | |
| Special requirements: (e.g. disabilities, large print, allergies) | | | |
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| | | | |
| Program Requested: | | | |
| Activities Requested: | | | |
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| Intended visit learning outcomes: | | | |
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| | | | |
| Total Cost: | | | |

Thank you. The Musée Morinville Museum staff will contact you to confirm your request and to discuss any questions or concerns.

| For Staff: | |
|---|--|
| 1. Date form received: | |
| 2. Letter sent with confirmation? | |
| 3. Note any call & dates made with contact person. | |
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| 4. Who will be doing the tour? | |
| 5. What activities are planned? | |
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