

Buffalo Bill Museum Group Tour Confirmation Sheet

Tour Date:/ Day of Week:	Tour Time:
Organization:	
Address:	
City:State:	Zip: County:
Reservation Contact:	Phone:
Email Address:	
Tour Day Contact:	Cell:
Attendees: # Adults	
# Children Age range G	rade level Add-on Activity (check box)
activity outside on the museum grounds. The cost f the form if you are interested	num requirement of 1 adult per 10 children). Ind we have enough staff, we can provide a small group For the activity is an additional \$1 per student. Indicate on
<u>OFFICE</u>	<u>USE ONLY</u>
FINAL NUMBER	RS UPON ARRIVAL
(First 2 free) # Adults	(x 0.00) =
	(x 4.00) =
(Ages 6 to 17) # of Children	
(Add-On Activity) # of Children	
	TOTAL DUE =
*Payment type accepted: VISA, MC, Discov	ver, Checks (payable to Manager of Finance) *
Staff:	Date reservation taken://
Comments:/	Pahaska notified://





