



Buffalo Bill Museum Group Reservation Request Form

Reservation Date: ____/____/____ Day of Week: _____ Visit Time: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Reservation Contact: _____ Phone: _____

Email Address: _____

Day of Visit Contact: _____ Cell: _____

Attendees: # Adults _____

Children _____ Age range _____ Grade level _____ Add-on Activity (check box)

- ◆ Groups of 10 or more may visit the Museum at their own pace and receive a discounted rate
- ◆ The group discount requires a minimum of 10 paying participants. Children under the age of 5 will not be charged unless their numbers are needed to reach the 10-person minimum
- ◆ Maximum of 45 students for all school groups (minimum requirement of 1 adult per 10 children).
- ◆ Minimum 2-hour gap between scheduled groups.
- ◆ Add-on Activity: On days when the weather is nice, and we have enough staff, we can provide a small group activity outside on the museum grounds. The cost for the activity is an additional \$1 per student. Indicate on the form if you are interested

OFFICE USE ONLY

FINAL NUMBERS UPON ARRIVAL

(First 2 free) # Adults _____ (x 0.00) = _____

(Extra) # Adults _____ (x 4.00) = _____

(Ages 6 to 17) # of Children _____ (x 1.00) = _____

(Add-On Activity) # of Children _____ (x 1.00) = _____

TOTAL DUE = _____

*Payment type accepted: VISA, MC, Discover, Checks (payable to *Manager of Finance*) *

Staff: _____

Date reservation taken: ____/____/____

Confirmation sent: ____/____/____

Pahaska notified: ____/____/____

Comments: _____

