Group Visit Request Form

Lewis and Clark National Historic Trail Interpretive Center

Tour Date:_____ **(Circle one): Mon Tue Wed Thur Fri Sat Sun**

(NO Mondays Oct. 1 - Memorial Day)

***(Education Program runs* Oct 1, 2002 - June 6, 2003, *but NO Saturdays, Sundays, or Mondays*)**

(Grand Tours run* April 15, 2003 – June 6, 2003*, but NO Saturdays, Sundays or Mondays)

Arrive: _____AM/PM Depart:_____AM/PM **Intro? Y N**

Group coordinator: _____ Daytime phone: _____

Group name: _____ Evening phone: _____

Mailing address: _____ Fax:_____

City/State/Zip: _____ E-mail: _____

(70 Max)___ Full Ed Program - $3 (circle one) 9:30 AM or 12:30 PM ONLY

(40 Max)___Grand Tour Program - $3 (circle one) 10:30 AM or 1:30 PM ONLY

Grade Level:_____ Full Ed Program Choice:_____

_____ **Other** Group Type (bus, etc.; describe)_____

Remarks (special needs, requests, notes, etc.):

_____

EDUCATION GROUPS

_____ Students
_____ Chaperones (1 per 10 Students)
_____ Additional Adults
_____ Total expected

OTHER GROUPS

____ Adults
____ Group Rate
____ Seniors (62+)
____ Students w/ID
____ Youths (6-17)
____ Children (under 6)
____ Non-rec Aides
____ Total Expected

Payment Method: One check/cash ____ Fed/Center pass ____ Purchase Order____Credit Card____

Taxpayer ID # (if paying by Purchase Order or being billed separately)_____

Date Request Taken:_____ Request Taken By: _____

FOR ALL GROUPS:

_____Fee schedule discussed

_____Request added to calendar (note RC for Full Ed Program)

_____Form inserted in binder by date/time

_____Request entered into computer

ADDITIONAL INFO FOR ED GROUPS:

_____Chaperone requirements discussed

_____Ed copies to Ed Coord for confirmation

_____Pre-visit package mailed