



Campbell Historical Museum
HANDS-ON-HISTORY
School Tour Reservation Form

Name of School: _____

Teacher: _____

Email: _____

Person Making the reservation (if different than the Teacher) _____

Address of School: _____

Day time Phone #: _____

Date of visit: M T W TH F _____

Grade: _____

Number of Students at time of the reservation: _____

The program starts at 9am.

Mode of transportation: Bus: _____ Cars: _____

Please fill out one reservation form per class. We do require a minimum of 4 chaperones more are welcome.

To be filled out by Museum Staff

- ◆ Date reservation taken: _____
- ◆ Confirmation sent: _____
- ◆ Amount due based on Reservation: _____
- ◆ Actual Amount of Students: _____
- ◆ Amount of chaperones (including teacher): _____
- ◆ Amount Paid: _____
- ◆ Date Paid: _____