

The Children's Museum of New Hampshire Summer Group Visit Request Form

Please complete the following request for group visits (minimum of 12 participants required with an absolute maximum of 60 participants including chaperones). When you are finished, please email, fax or mail to the address below. Once we receive your request, we will verify availability and officially book your visit. We will send confirmation of that group reservation to you via email, regular mail or fax, as specified, within 5 business days. If we are unable to accommodate your request, we will contact you via telephone or email to discuss alternatives for your group.

School/Organization: _____

Address: _____

Contact Name: _____

Phone Number(s): _____ Best Time To Call: _____

Fax: _____ Email Address: _____

Requested Visit Date: 1st choice: _____ 2nd choice: _____ 3rd choice: _____

All summer group visits are scheduled from 9:30 am – 11 am only. We are happy to provide you with suggestions on ways to extend your visit to Dover.

Fee: \$6 per child if you pre-pay a \$20 deposit or \$6.50 per child at the door.

Number of Students: _____

Ages: _____

Number of Chaperones (We require a minimum adult/child ratio of 1:8 and offer one free chaperone per every five students): _____

Preferred Receipt of Confirmation (please check one): _____Email _____Regular Mail _____Fax

Questions/Comments:

If you have questions about your reservation request or would like to speak with someone in the Education department, please call 603.742.2002.

Ways to send us your request:

Email: groupvisits@childrens-museum.org

Fax: 603 834-6275

Mail: The Children's Museum of NH, 6 Washington Street, Dover, NH 03820