

## 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). 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** (60 people maximum), **12 pm - 1:30 pm** (30 people maximum) **or 12:30 pm - 2 pm** (30 people maximum). We are happy to provide you with suggestions on ways to extend your visit to Dover.

**Fee:** \$6.50 per person

**Deposit:** A non-refundable deposit of \$20 is required to hold your date; balance due upon arrival.

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](mailto:groupvisits@childrens-museum.org)

Fax: 603 834-6275

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