The Ruby & Calvin Fletcher African American History Museum

GROUP TOUR



To request a Group Tour please complete all questions and retun form to jennifer@fletchermuseumct.com

rganization Name :	Todays Date :	Tour Date :	
	Deposit Paymer	t Full Payment	
rganization Type (please circle):	due on :	due on :	
School Religious Corporation Community Center	Other:		
I would like the Executive Director to lead my tour for an add	litional fee of \$250	Please Circle: Yes No	
Group Organizer / Contact Name:	Phone:		
E-Mail:			
Prici	ng		
Groups of 10-20 People: Flat rate of \$250 Executive Director Tour fee \$2 50	need to schedule	If your group is larger than 20 you will need to schedule multiple tours. We will stagger tour start times to accommodate	
Required Accommodations			
By Signing Below You Acknowledge a	nd Agree to:		
, , , , , , , , , , , , , , , , , , ,			

Printed Name

Full invoice amount due on tour date

Date

Signature