

SCHOOL/ORGANIZATION \_\_\_\_\_

## **Reservation Form**

October 2024 Dates: 2-5, 9-12 & 16-19 9am-12pm

Reservation required for groups Fax completed form to (601) 982-4292 Email to: msagmuseum@mdac.ms.gov

www.msagmuseum.org

1150 Lakeland Drive, Jackson, MS 39216 1-800-844-TOUR or (601) 432-4500

<u>Prior to completing this form, please call to check available dates and times.</u> Once your date and time has been checked, please complete, sign and return by fax or email. Once reviewed, a hold will be issued for your reservation and a copy will be sent to you as confirmation.

DEPOSITS ARE REQUIRED in the amount of ½ of the total admission and must be received by the museum no later than 5 business days prior to the intended field trip reservation date. If a deposit is not received, your reservation will be **cancelled**. Deposits must be paid by cash, school check, money order or purchase order. Credit cards cannot be used for deposit payments. No personal checks are accepted. Upon arrival, you will be required to pay the balance due. Please ensure that all fees are collected from teachers, chaperones, and parents prior to your arrival in order to facilitate a smooth group check-in process. For any individuals who need to make separate payments, they will be required to wait in line to settle their dues and there is a possibility that they may not be able to enter the museum at the same time as the rest of the group.

ADDRESS	CITYSTA	ATEZIP	
PHONE	FAX NUMBER		
CONTACT NAME			
CONTACT CELL PHONE	EMAIL	·····	
Date:	Time:		
ADMISSION	NUMBER OF PEOPLE	COST PER PERSON	TOTAL
Children Ages 1 - 17		\$10	
Adults (includes all parents, teachers and chaperones)		\$10	
TOTAL AMOUNT DUE:			
DEPOSIT AMOUNT DUE: (1/2 of t	otal amount)		
Date deposit is due:			
Principal Signature:			
MAFM Staff ONLY		NOTES:	
Date form received: Confirm DEPOSIT amount received: \$	nation: Email/Fax/Mail		
Method of payment: Cash/Ck/P.O. – P.O./0			