



2009 GROUP TOUR AGREEMENT

Date of Visit: _____

Business / Function Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Arrival by: Bus _____ Individually _____ Arrival Time _____

Contact Phone Number: _____ Fax Number: _____

Please indicate how many of each will be attending:

Adult Admissions	_____	x	\$7.50	=	\$ _____
Child Admissions (ages 4-11)	_____	x	\$5.00	=	\$ _____
Infants & Toddlers (3 & under)	_____	x	FREE	=	\$ _____
Bus Driver & Escorts	_____	x	FREE	=	\$ _____
Tour Guides (1 per every 15-20 guests)	_____	x	\$20/ Each	=	\$ _____
			Total Due:		\$ _____

Payment & Mailing Information:

1. Mail this form & payment to: AACAMuseum, Inc. / Attn: Group Sales Department
161 Museum Drive / Hershey, PA 17033
2. Make checks payable to: **AACAMuseum, Inc.**
VISA or MasterCard can also be accepted as forms of payment.
3. To increase your count once this form and payment have been sent, please call our group sales office at 717-566-7100 ext. 105.

Signature: _____ Date: _____

..... OFFICE USE ONLY.....

Cash \$ _____ Check#: \$ _____ # _____

_____ Credit Card: MC / Visa#: _____ Exp Date: _____

Changes to minimum guest count:

Date: _____ New #: _____ Museum Employee Initials _____ Phone / Fax / In Person

Date: _____ New #: _____ Museum Employee Initials _____ Phone / Fax / In Person

161 Museum Drive ♦ Hershey, PA 17033 ♦ 717 566-7100 ♦ 717 566-7300 fax
www.aacamuseum.org