



**2011 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	=	\$ _____
<b>Total Due:</b>					\$ _____

**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**