



2013 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 _____ x \$5.00 = \$ _____

Child rate applies for all youth groups, school groups & camp groups (ages 4-11)

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: **AACA Museum, 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: _____