



RESERVATION FORM

October 9-12, 16-19 & 23-25

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

(601) 42-4500

Thank you for choosing to participate in the Pumpkin Adventure at the AG Museum. Prior to completing this form, please call to check available dates and times. 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 by fax or email as confirmation.

DEPOSITS ARE REQUIRED in the amount of 1/2 of the total admission and must be received by the museum within 5 business days of making the reservation. 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. COLLECT ALL FEES from any parents/chaperones before your arrival. **Designate one representative to pay for your parents/ chaperones.** Please print information below:

SCHOOL/ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ FAX NUMBER _____

CONTACT NAME _____

CONTACT CELL PHONE _____ EMAIL _____

Date: _____ Time: _____

<u>ADMISSION</u>	<u>NUMBER OF PEOPLE</u>	<u>COST PER PERSON</u>	<u>TOTAL</u>
CHILD (2-18)		\$8	
*ADULT (19 and older)		\$8	
TOTAL AMOUNT DUE:			
DEPOSIT AMOUNT DUE: (1/2 of total amount)			
Date deposit is due:			

***ADULTS include all parents, chaperones, and teachers.**

Principal Signature: _____ Teacher Signature: _____

MAFM Staff ONLY

NOTES:

Date form received: _____ Confirmation: Email/Fax/Mail

DEPOSIT amount received: \$ _____ Date: _____

Method of payment: Cash/Ck/PO - PO/Ck #: _____