

RESERVATION FORM



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) 432-4500

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 as confirmation. 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. **ADVANCED PAYMENTS are STRONGLY SUGGESTED** to maximize your visit time. Advanced payments must be paid by cash, school check, money order or purchase order. Credit cards cannot be used for advanced payments. No personal checks are accepted. **Upon arrival, a group representative MUST CHECK IN to pick up receipt and any ride tickets.**

SCHOOL/ORGANIZATION _____

ADDRESS _____ CITY _____ STATE ____ ZIP _____

PHONE _____ FAX NUMBER _____

CONTACT PERSON _____

CONTACT CELL PHONE _____ EMAIL _____

Date: _____		Time: _____	
<u>ADMISSION</u>	<u>NUMBER OF PEOPLE</u>	<u>COST PER PERSON</u>	<u>TOTAL</u>
CHILD (3-17)		\$8	
ADULT (includes all parents, teachers and chaperones)		\$8	
<u>ADDITIONAL ACTIVITIES</u>			
Train Ride (all ages)		\$1	
Hayride (all ages)		\$1	
Carousel (kindergarten & under)		\$1	
<u>TOTAL AMOUNT DUE:</u>			

Principal Signature: _____ Teacher Signature: _____

MAFM Staff ONLY

NOTES:

Date form received: _____ Confirmation: email / fax / mail

Pre-paid amount received: \$ _____ Date: _____

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