

Car Club

Museum Visit Form

Name of Club: _____

Contact Person: _____

Contact Phone: _____ Cell Phone: _____

Contact Email: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Day(s) of Visit: _____

Requested Museum Tour Day/Time: _____

*Number in Group: _____

Notes: _____

*Discounted pricing is available for groups of 15 or more.

