



# Request for Availability School and Public Programs

Group: \_\_\_\_\_

Group Leader: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Type of Program (please select Guided or Self-Guided)

Guided Visits (please select one)

School Program

Birthday Party

Day Camp

Overnight Adventure

Self-Guided Visits (please select one)

Museum Visit

Birthday Party

Date and Time: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

Age of Participants: \_\_\_\_\_

Age of Birthday Child: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

Number of Chaperones: \_\_\_\_\_

Special Requests / Needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return completed form to:**

Education

Vancouver Maritime Museum

1905 Ogden Avenue

Vancouver, BC V6J 1A3

education@vancouvermaritimemuseum.com

Fax: 604 737-2621