



## GROUP VISIT RESERVATION FORM

Thank you for your interest in visiting us! Please fill out the form below and fax it to us at 518-943-0652 *or* scan it and email it to us at [education@thomascole.org](mailto:education@thomascole.org).

If you have any questions, please feel free to contact Heather at 518-943-7465 ext 6.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Name of Your Group or Organization: \_\_\_\_\_

Your Email Address: \_\_\_\_\_

Your Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Desired Date or Range of Dates of Your Visit: \_\_\_\_\_

Number of People in Your Group: \_\_\_\_\_

Composition of Your Group (please check all that apply):

- Students/Children under 12
- Students/Children 12 and over
- Adults
- Seniors
- Disabled (please specify)

Your Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Comments or Special Requests: : \_\_\_\_\_

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