



**CLARK
COUNTY
HISTORICAL
SOCIETY**

Group Visit Request Form

Date submitted: _____

Contact person's name: _____

Daytime phone: _____ Evening phone: _____

Mailing address: _____

Group name: _____

Number of people in group visiting (for school groups: please provide *at least* one chaperone per every ten children!): _____

Guided tour requested?: () Yes () No

Requested **date** of visit (Tuesday---Saturday only): _____

Start **time** (11 am---3 pm only): _____

Length of visit: _____

...This Section for CCHM Staff Use Only ...

Response:

Date & method of response: _____

Admission per person: _____