



ADULT GROUP RESERVATION FORM (revised 11-1-2013)

Name of Your Organization:

Please fill in the blanks below for reservations to the TCWM

Day: _____

Date: _____

Time: _____

You will have _____ number of Adults @ the discounted rate of **\$5.00**
(a *separate reservation* form for our *Student/Children Groups* is located on
our website.)

Please note: In order to receive the discount **YOU MUST** have **10 or MORE adults attending to receive the discounted rate.** (the company tour guide and bus drivers holding a class A or B with endorsement P license admitted free.)

Please make check payable to Texas Civil War Museum. You may mail your check in advance or bring the check with you the day you come to the museum. Or, adults may pay separately at the door.

The price listed above includes a self-guided tour into all of the galleries and the 30 minute movie: "Our Home—Our Rights, Texas in the Civil War."

Additional programming tailored to your group is available upon request for an additional fee. Please check the web site or call the museum for details. This is especially recommended for larger groups of 150 or more.

Additional programs: **Please check if participating in these additional programs:**

_____ Docent: \$45.00 (\$20.00 for each additional group numbering more than 75. Check programs on our website under education)

1st choice
program _____

Alternate
program _____

Total price of admission will be: _____

Please sign the below contract and return back to us **TWO WEEKS BEFORE COMING** to: reservations@texascivilwarmuseum.com
If for any reason you need to cancel your visit we ask you do it no later than 48 hours before your scheduled visit to avoid a handling fee. **Without 48 hours notice programming fee will be charged.** If museum closes due to weather there is no charge to group. **The museum follows the closing schedule of the Fort Worth ISD.**

We look forward to your visit and know it will be most rewarding.

Reservations Department
Texas Civil War Museum
www.texascivilwarmuseum.com
Telephone: 817-246-2323
Fax: 817-246-3951

Name of Your Organization: _____

City, State: _____

Point of Contact (required): _____

E-mail: _____

Telephone (required): _____

Fax: _____

Send completed form to: reservations@texascivilwarmuseum.com or fax to number listed above. Upon receiving this email, our Program Director will contact you by phone, fax or email for verification.