



BROCKVILLE MUSEUM

5 Henry Street, Brockville, ON K6V 6M4

Tel: 613-342-4397 Fax: 613-342-7345

museum@brockville.com brockvillemuseum.com

OFFICE USE ONLY

BOOKING DATE: _____

TAKEN BY: _____

TOUR BOOKING FORM

DATE OF TOUR: _____ TIME: _____

TOUR TYPE:

- SELF-GUIDED TOUR (\$3.00/person)
(includes introduction)
- STEP-ON GUIDE CITY TOUR (\$75/bus)
- HAUNTED HISTORIES WALKING TOUR (\$5.00/person)
- TEA BREAK incl. Museum Admission (\$9.00/person)
(includes introduction and tea service with china and linens)
- THEMATIC TALK incl. Museum Admission (\$5.00/person)
(Please discuss available topics with museum staff before booking)
- OFF HOURS PROGRAM (add \$2.00/ person)

ORGANIZATION: _____ # OF EXPECTED VISITORS _____

CONTACT PERSON: _____

ADDRESS: _____ POSTAL CODE: _____

PHONE #: _____ EMAIL: _____

CELL # _____ FAX #: _____

TOUR DETAILS: _____

TERMS OF AGREEMENT:

- A \$50 deposit is due at time of booking
- Please confirm visitor numbers 72 hours prior to tour date, otherwise you will be charged for "expected" number
- Please contact the museum if you are expecting to arrive later (or earlier) than the scheduled tour start time
- Late arrivals are subject to a shorter version of the scheduled tour, but will be billed in full
- Cancellations received less than two days prior to scheduled tour date will be billed at 50% less deposit
- Tours arriving more than thirty minutes late, or not at all, without notifying the Brockville Museum, will be considered "no shows" and forfeit the scheduled tour but will be billed for full amount less deposit
- The Brockville Museum reserves the right to restrict access to the facility to any persons deemed by staff to be a threat to the museum's collection, exhibitions or property or to be a threat to museum staff and/or volunteers
- The Brockville Museum reserves the right to require minimums and maximums for any tour

\$ _____ x ACTUAL # PEOPLE: _____ = \$ _____ - DEPOSIT _____ = TOTAL DUE: _____

DEPOSIT RECEIVED: _____ DATE BILLED: _____

DATE RECEIVED: _____ STAFF INITIAL: _____ CHEQUE CASH CREDIT