

Plan Your Visit

RESERVATION REQUEST WORKSHEET

THIS IS NOT A CONFIRMATION. THIS IS A RESERVATION REQUEST.

You will receive a group confirmation sheet/pre-visit packet from the Museums two weeks after booking your trip.

Organization Name _____

Organization Address _____

City/State/Zip _____

Group Leader Name _____

Phone _____ Fax _____ Email _____

Grade Level(s) of Group _____

Number of Children _____ Number of Teachers _____ Number of Chaperones _____ *One adult chaperone is required for every 8 children.*

Please list three dates in order of priority that your group would like to visit:

CHOICE #1 Field Trip Date _____ Arrival Time: _____ Departure Time: _____

CHOICE #2 Field Trip Date _____ Arrival Time: _____ Departure Time: _____

CHOICE #3 Field Trip Date _____ Arrival Time: _____ Departure Time: _____

KENOSHA PUBLIC MUSEUM 5500 First Avenue

Arrival Time: _____ Departure Time _____ Lunch Time (20 min.) _____ *Reservations only as space is limited.*

SELF-GUIDED TOUR Fee: _____ FIELD STATION Fee: _____

PROGRAM: Title of Program _____ Fee _____

DINOSAUR DISCOVERY MUSEUM 5608 Tenth Avenue

SELF-GUIDED TOUR Fee: _____ FIELD STATION Fee: _____

PROGRAM: Title of Program _____ Fee _____

PROGRAM TIME: Wed. through Fri. 9:30 a.m. 10:45 a.m. Tues. 10:45 a.m. *Programs are offered by reservation only.*

CIVIL WAR MUSEUM 5400 First Avenue

SELF-GUIDED TOUR Fee: _____

PROGRAM: Title of Program _____ Fee _____

Streetcar Time: _____ Fee: _____ Visit www.kenosha.org for more information.

Programs and Tours subject to availability.

For more information, contact the Education Services Coordinator at 262-653-4433

CLICK HERE TO SEND REQUEST:

reservationrequest@kenosha.org