



A. PHILIP RANDOLPH PULLMAN PORTER MUSEUM

"CELEBRATING AFRICAN AMERICANS IN U.S. LABOR HISTORY" ®

Group Tour Reservation Form

Date: _____

Name of Organization: _____

Address/Zip Code: _____

Contact Person: _____

Date of visit: _____

Expected Time of Visit: _____

Number of People: _____

Group Visit Fee is \$120.00 plus \$2.00 per person up to 25 people. Over 25 attendees is an additional \$4.00 per person. A museum visit to our facility includes a 26 minute video presentation. The seating capacity for a group all in one location is 40 people. **A 50% deposit is required to confirm the reservation.**

For group visits requested on a non-business day, an additional \$20.00 fee will be added.

Our business days are Thursday—Saturday. If the visit requested on a non-business day an additional \$20.00 fee will apply. Deposits can be made through our web site using PayPal on the Group Reservation page where you downloaded this form. Checks must be made payable to **APR Pullman Porter Museum** and sent to the mailing address at the bottom of this form.

NOTE: There will be no refund of deposits or of any payment made toward this reservation. All Fees must be paid in full, three days before the visit. NO EXCEPTIONS. NO CHILDREN UNDER THE AGE OF 12 WITH OUT ADULT SUPERVISION.

Please return the completed form with the required fees. You may scan and return the form as an email attachment. You may submit your deposit if applicable via PayPal through our web site, or send to our mailing address.

Thank you for your interest in our museum.

Your signature on this page accompanied by the required fees denotes that you, the client agree to comply with all of the stipulations and policies herein.

_____ Date _____ Date _____

Authorized Museum Representative

Client:

Mailing Address: PO BOX 6276 CHICAGO ILLINOIS 60680-6276
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WWW.AprPullmanPorterMuseum.org