

## Group Admissions Reservation/ Conformation

Group Name:					
Contact Person:					
Address		City	_State	Zip	
Phone Number Day		Night			
Date of Visit		Time			
Group Size Adults	Seniors	Youth	Gra	de Level	
Type of Tour Self-guided	Special Tour	Museum-guid	led	Audio	
Time you have allowed for tou	r	Special Needs _			
Payment In advance	At door A	mount Due \$			
Groups of 10 or more paying a	dults, seniors or youth	received a \$ .50 discoun	t on admi	ission to the Museum.	
Chaperones and bus drivers reclearning, we request that one rethat behavior respectful of the discount fare.	esponsible adult per ten	students accompany the	e tour. Ple	ease remind students	
Payment may be at the door (or made ten (10) working days be		· · · · · · · · · · · · · · · · · · ·	Advance	e payments must be	
Checks are to be made payable	to the MUSEUM OF	COLORADO PRISONS	5.		
We regret that we are unable to	issue refunds for unus	ed advance payments.			
Groups are scheduled on first c door.	one, first served basis.	We urge advance reserv	vations to	avoid long waits at the	
If you plan change or you have cancellation notice on schedule		contact us at 719-269-30	)15. We 1	require 48 hours	
Order Taken By	Date				

P.O. Box 1229, Canon City, CO. 81215-1229 Phone 719-269-3015 www.prisonmuseum.org