GUIDED COMMUNITY TOURS
Reservation Form

Group name: _______________________________________________________

Group leader: _____________________________________________________

Email: ___________________________________________ Phone:________________

Address: __________________________________________________________

City: ____________________ Zip: __________ County: ________________

Have you visited the museum before?  ☐ Yes  ☐ No

Expected Number of Participants: _______ Age Level: _______ Length of visit: _______

First Choice Date: __________________________________ Time: __________

Second Choice Date: __________________________________ Time: __________

Program Options: (choose one for your age level)

Best for young learners:
☐ Storm Boy  ☐ Fun with Fossils  ☐ Camas Oven

Best for older learners:
☐ Oregon Archaeology Detectives  ☐ Adapt, Move or Go Extinct

Featured Exhibits: (for all ages)
☐ Site Seeing: Snapshots of Historical Archaeology in Oregon
☐ Road Trip: Roadside Geology of Oregon

Do any participants have any special needs of which Museum staff/volunteers should be aware?

List any educational goals or subjects of interest:

Send completed form to:
Email: mnhtours@uoregon.edu
Fax:  541-346-5334  Office:  541-346-1694
Museum of Natural & Cultural History
Attn: Education Coordinator
1224 University of Oregon, Eugene, OR 97403-1224

OFFICE USE ONLY:
Confirmation: __________________________
Calendars: ___________________________
TAM: _______________________________
Reminder email: ______________________
Survey email: _________________________