



GROUP TOUR REGISTRATION

COMPANY NAME _____ GROUP NAME _____

CONTACT NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

HOME PHONE _____ CELL _____ WORK _____

FAX _____

EMAIL ADDRESS _____ COUNTY _____

GROUP TOUR INFORMATION

DATE OF VISIT _____ TIME OF VISIT (Museum does not open until 10am) _____

- K-12 Guided
- K-12 Self Guided
- Adult Guided
- Adult Self Guided
- College Guided
- College Self Guided

TOUR TYPE _____ ARRIVAL VIA: Bus _____ Cars/Vans _____

NOTES _____

ADULTS: _____ PRICE: _____ COMPS: _____ \$ _____

SENIORS: _____ PRICE: _____ COMPS: _____ \$ _____

STUDENTS: _____ PRICE: _____ COMPS: _____ \$ _____

COLLEGE: _____ PRICE: _____ COMPS: _____ \$ _____

TOTAL PACKAGE: _____ \$ _____

INTERNAL USE ONLY

DOCENT / ART EDUCATOR _____

DATE _____

TAKEN BY INT _____

ENTERED BY INT _____

**Please send completed form to
tours@gibbesmuseum.org**

135 MEETING STREET
CHARLESTON, SC 29401
843.722.2706
GIBBESMUSEUM.ORG

