

James A. Ramage Civil War Museum Group Tour Scheduling Form

Group/ Institution Name:

Contact person:

Phone number:

Address:

E-mail address:

Proposed Date:

Time:

Estimated Attendance:

Estimated Length of Tour:

Any special Requirements/ special needs/ assistance?

Type of Tour Requested: (please select from list below)

Introduction Then Self- Guided Tour of Museum

Guided Tour of Archaeology site

Guided Tour of Museum

Guided tour of Museum AND Guided Tour of Archaeology Site

**Introduction Then Self- Guided Tour of Museum AND Guided
Tour of Archaeology Site**

Comments: