



PRIVATE GROUP TOUR FORM 2009

Thank you for your interest in visiting the Holocaust Museum. We recommend that you allow at least 90 minutes at the Museum for your visit. In order to schedule your group to the Museum, simply follow these easy steps:

1. Call Jane Fefer, Group Tour Coordinator at 239-263-9200 ext 207 to check availability and to schedule the date you are requesting.
2. When tour date is scheduled please sign and submit this form at ***LEAST TWO WEEKS PRIOR TO YOUR ANTICIPATED VISIT!***
3. The private group tour fee is \$10.00 per person. Payment is required not less than five (5) days before the scheduled visit. For any additional tour participants beyond originally contracted group number, payment is due on arrival for tour. Checks should be made out to The Holocaust Museum of Southwest Florida. To pay by credit card, please call the Museum. No refunds for persons not attending.
4. Presentations from a Survivor are not included in docent-led group tours charges. If you would like to book a speaker, there is an additional \$75.00 Charge.
5. Cancellation policy: To cancel the group tour and receive a full refund, 24 hours notice is required. If the group is going to be late please call and let the Museum know. If there is no contact prior to or within a half hour after the scheduled tour time we will cancel the tour and the fee will not be refunded.

SPECIAL GIFT:

All group tour participants will be offered a complimentary 6 month Individual membership to the Holocaust Museum of Southwest Florida. Individual membership is good for unlimited entry and use of library

Please fill out application on the following page.



The Holocaust Museum of Southwest Florida

LEARN from the PAST

4760 Tamiami Trail North, Suite 7 | Naples, FL 34103 | PH: 263-9200 Fax: 263-9500

PRIVATE GROUP TOUR FORM 2009 *continued*

Date Submitted _____

Group(s) Name _____

Contact Name _____

Phone No. _____ Cell No. _____ Fax No. _____

Contact Email: _____

Address _____ City, State, Zip _____

Date Requested _____
Day of week *Date*

Anticipated Time of Arrival _____ Anticipated Departure _____

Number of Guests _____

Survivor Fee _____

Date Fee Due _____

Total Amount Due _____

Signature of group liaison *Date*

Signature of director of volunteers *Date*

For Office Use Only *****

Docent(s) Scheduled _____ Date Docent(s) Confirmed _____

Survivor Scheduled _____ Date Survivor Confirmed _____

Date Group Liaison Confirmed _____ How did you hear about us? _____

NOTES: _____

Actual Number of Guests _____ Amount Paid _____ Date Paid _____

Method of Payment Check Credit Card