



**CLARK
COUNTY
HISTORICAL
SOCIETY**

Group Visit Request

Date Submitted: _____

Contact Person's Name: _____

Daytime Phone: _____ Evening Phone: _____

Mailing Address: _____

Group Name: _____

Number of People in Group Visiting: _____

Talk Requested?: () Yes () No If "Yes," please specify request:

Requested Date of Visit: _____

Requested Start Time of Visit: _____

Requested Length of Visit: _____

...This Section for CCHM Staff Use Only ...

Response:

Date & Method of Response: _____

Admission per Person: _____ Total Admission Fee: _____

Total Amount Paid: _____