Agreement & Reservation for Group Visits

Clark County Historical Museum welcomes group visits. To ensure that each visiting group has the greatest possible opportunity to enjoy the museum, please keep the following in mind:

- There is limited space and resources, so please reserve space for your group at least two weeks before your visit. Museum staff is not available to support group visits without a reservation.

- The museum is open 11 a.m. to 4 p.m. Tuesday through Saturday. The museum can be opened up to two hours early with at least two weeks advanced reservation at an extra cost of $50.00 (paid in advance; non-refundable).

- The space and staff can accommodate a group maximum of 35 individuals.

- Admission to the museum is $5 for adults and $4 for seniors 62+. Additional requests, including private presentations, may incur additional fees. Teachers interested in a class visit (students 18 and under) should request a Teacher Agreement & Reservation for Class Visits form.

  o NOTE: Payment for admission is due upon arrival unless prior arrangements have been made. If you plan to process a purchase order for payment of admission fees, please contact the Visitor Services Coordinator for an invoice at least two weeks in advance.

- Because the museum has limited space and facilities (which are shared with other visitors), behavior and concern for safety is held to a very high standard. The museum reserves the right, at the sole discretion of museum staff, to ask any individual or group that is not meeting the high standards of behavior and safety to leave the facilities immediately.

- No food, drinks, or gum; we have no facilities available for lunches to be eaten. Backpacks are not allowed in the museum exhibit area or libraries.

- With sufficient planning time and availability of resources, museum personnel are happy to work with group contacts to develop and present learning activities, including interpretive tours.

Please complete this form and email it to outreach@cchmuseum.org.

Name of group/organization: ____________________________________________________________ Number of visitors: ________

Requested visit date/start-end time (first choice): _______________________________________

Requested visit date/start-end time (second choice): ______________________________________

I (print name) ____________________________________________ have read and understand the foregoing statement, and am competent to execute this agreement.

Signature of group contact: ____________________________________________________________

Phone: __________________________ Email: __________________________