

ONLINE RESERVATION REQUEST

Date Requested: mon* tue wed thur fri _____ / _____ / _____

Time Requested: * Only groups of 100 or more before 10:00 am and on Mondays

9:30 am* 10:00 am 11:00 am 12:00 pm 1:00 pm 2:00 pm 3:00 pm

10:30 am 11:30am 12:30 pm 1:30 pm 2:30 pm 3:30 pm

Other time preferred: _____

Total Number in Group** : _____ Grade: _____

**Must have 15+ people on day of field trip to receive group rate, or pay the \$75 minimum fee.

Group Name: _____

Group Type: children*/school (\$5 ea) organization/adults (\$6/8 ea)

❖ Children two (2) years and older must also pay admission if they come as part of the group.

Payment Type: school check PO*** credit card^(no AmEx) cash

***PO's must be faxed in advance of the field trip date.

Contact Person: _____

Best Contact Number: _____

Fax# or email to send you a reservation agreement: _____

Complete this form and fax to Lynx Exhibits at 915-533-1344

NOTE:

This is only a reservation request and is subject to verbal confirmation and availability of the requested date and time.

Shaded area for Lynx use only

On front back calendars

Res Conf Form sent on _____ Conf recv'd back on _____

Verbally confirmed by: _____ on _____