



Stark Caverns

School Group Tour Reservation Form

Group Information

School Name: _____
Student Grade: _____
Contact Person: _____
Contact Ph Number: _____
Alt Ph Number: _____
Mailing Address: _____
E-mail Address: _____

Requested Tour Details

Group Size: # Students _____ # Teachers/Bus Drivers _____
Preferred Date of Tour: _____
Alternate Date: _____
Preferred Time of Tour: _____
Alternate Time: _____

Special Needs or Interests for Your School Group:

Office Use Only

Date Reservation Request Received: _____ Date Reservation Arranged For: _____
Date Reservation Confirmed: _____ Cavern Mgr Signature: _____