



EXPERIENCE **MUSIC** PROJECT.

EMP School and Youth Group Reservation Request Form

Fax this form to 206.770.2727, e-mail it to schoolvisit@emplive.org or mail it to:
EMP Education, 330 Sixth Ave N, Suite100, Seattle, WA 98109.

Please do not enter requested dates on your calendar until you have received a confirmation packet from EMP.

For more information, call 206.770.2766.

Day of week: _____
Date: _____/_____/_____
Arrival Time: _____
School and Youth Group Visits are available during normal hours of operation until 5:00 PM

School/Organization Name: _____ Age range: _____ # of youth/students: _____ Address: _____ _____ School District: _____	Contact Name: _____ Phone(s): _____ E-mail address: _____ Any special needs? _____
---	---

School/Youth Group Admission: \$5.00 per youth/student – Adult chaperones: \$5.00

*Chaperones required 1:5 for elementary age children-1:10 for secondary age students.

TRANSPORTATION

Will you arrive by: Private Auto Van Private Bus Metro/Public Transportation

Group admission must be paid in a single transaction upon arrival at EMP.

You will be greeted by EMP and given a short orientation of the museum.

Payment type: School/Organization Check Cash Credit Card Purchase Order

You will be mailed a confirmation packet with a confirmation number and driving directions.
Cancellations must be given 24 hours prior to reservation time.
No-shows will be invoiced a \$30 processing fee.

*Individual membership passes or promotional passes may not be used for admission with the youth group rate.

You must receive confirmation to finalize visit dates.

# Students	_____ x \$5	= \$ _____
# Chaperones	_____ x \$5	= \$ _____
TOTAL		= \$ _____

For office use only

Spreadsheet Calendar

Confirmation sent Initials _____