

**Contact Information**

Group Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Name \_\_\_\_\_ Contact E-mail \_\_\_\_\_

Day & Date of Visit \_\_\_\_\_ Start Time \_\_\_\_\_ Circle One: AM PM

Program(s) Being Booked (Circle One)    Self-Guided    Guided

Special Considerations/Needs (Anyone in wheelchair, hearing impaired, etc) \_\_\_\_\_

**Costs of Program**

Group of 15 or more \_\_\_\_\_ X    \$ \_\_\_\_\_

Adults \_\_\_\_\_ X    \$ \_\_\_\_\_

Senior Citizens \_\_\_\_\_ X    \$ \_\_\_\_\_

Children \_\_\_\_\_ X    \$ \_\_\_\_\_

Tour Guide / Bus Driver \_\_\_\_\_ Free

Approx. Total Due:    \$ \_\_\_\_\_

**Payment**

By check made payable to the Delta Blues Museum – due the day of the program.

Advance payment can be made by providing credit card information or by mailing a check to:

Group Scheduling, Delta Blues Museum, #1 Blues Alley, Clarksdale MS 38614

**Card Information**

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ Payment Amount: \$ \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Type of Credit Card: (Circle One)    Visa    MasterCard    American Express    Discover    Diner's Club

**Confirmation**

Your appointment is not guaranteed unless we receive a signed copy of this form at least 5 business days prior to the desired date of tour.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please sign and fax a copy of this form to Group Scheduling Department, Delta Blues Museum, Fax (662) 627-7263.

If your plans change or if you have any questions, please contact the Delta Blues Museum at:

Telephone: (662) 627-6820

Fax: (662) 627-7263

Email: [maie@deltabluesmuseum.org](mailto:maie@deltabluesmuseum.org)