



School Group Reservation Form

School Name: _____

School District: _____

Contact Person: _____

Phone number: _____

Fax: _____

E-mail: _____

Program/s requested: _____

Possible Dates: (Please list three in order of preference)

1. _____

2. _____

3. _____

Time/s of visit: _____

Grade level: _____

Number of classes: _____

Number of students you wish to bring: _____

Number of chaperones: _____

Special Needs/Notes: _____

Completed forms can be faxed to (804) 643-3510 or mailed to
Assistant Director of Education
Valentine Richmond History Center
1015 E. Clay Street
Richmond, VA 23219