

School Tour Registration Form

School / Name _____

Contact Person: _____

Street Address: _____

City, State & Zip: _____

Phone: _____ Email: _____

Requested Date of Tour: _____

Requested Time of Tour: _____

Grade/Age: _____ # Students: _____ # Chaperones: _____

Optional Thomas Edison Birthplace Museum Tour Yes

Special Topic Tour Yes

Reserve Park for lunch Yes

Special Instructions: _____

Date _____