

REQUEST FOR TOUR

Please provide the following information and you will be contacted by a member of the museum board to confirm your tour. The museum is on three levels with an elevated entrance. Please indicate how many people will need the use of the elevator.

Note: Children are to be supervised by one adult for every five children.

| GROUP NAME | | | |
|--|-------------|---|-------|
| CONTACT NAME | | | |
| CONTACT PHONE | | | |
| CONTACT EMAIL | | | |
| TOUR DATE | | | |
| TOUR TIME | | | |
| NUMBER IN GROUP | | | |
| NUMBER IN GROUP WHO WILL NEED THE ELEVATOR | | | |
| TYPE OF TOUR | Self Guided | G | uided |

Click the SUBMIT button below to send your completed request to us electronically.

SUBMIT

If printing and filling out by hand, please mail to the address below: Chisholm Trail Museum 502 N Washington Wellington, KS 67152