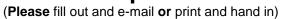
## **Yakama Nation Museum**

## **Tour Request Form**



## **Contact Information**

Teacher/Group Leader							
School/Group Name		Grade(s)					
Phone number: 1) p w 2)						p w	
Teacher/Leader e-mail							
School/Organization Addre	SS						
City	State	ateZip					
Number of Students/	Attendees	Chaperones					
Hours contact person may	oe reached						
Tour Information							
Self Guided	Guided Tour (\$25.00 for ea admission) (I						
First Choice  Date:	Day of the Week:	Mon	Тид	Wed	Thu	Fri	
	Time 2:						
Second Choice	David (la Maria	Maria	т	\	The	mu:	
Date: Time 1:	Day of the Week: Time 2:						
Notes:							
Prepared by:		Date:					
For Official Use Only	braryBuilding			_Other			
Responsible Billing Party Phone number Address							
City	State						
P.O <b>Bank</b>	CardBusiness C	heck		Cash			



Yakama Nation Museum & Cultural Center Spiel-yi Loop, P. O. Box 151, Toppenish, WA 98948 Deidre: Event Coordinator – (509) 865-2800 x4740 – deidre@yakama.com www.YakamaMuseum.com

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