

Yakama Nation Museum

Tour Request Form

(Please fill out and e-mail or print and hand in)



Contact Information

Teacher/Group Leader _____

School/Group Name _____ Grade(s) _____

Phone number: 1) _____ p w 2) _____ p w

Teacher/Leader e-mail _____

School/Organization Address _____

City _____ State _____ Zip _____

Number of... Students/Attendees _____ Chaperones _____

Hours contact person may be reached _____

Tour Information

Self Guided Guided Tour (\$25.00 for each group in addition to the individual admission) (Maximum 30 students per group)

First Choice

Date: _____ Day of the Week: __ Mon __ Tue __ Wed __ Thu __ Fri
 Time 1: _____ Time 2: _____ Time 3: _____

Second Choice

Date: _____ Day of the Week: __ Mon __ Tue __ Wed __ Thu __ Fri
 Time 1: _____ Time 2: _____ Time 3: _____

Notes: _____

Prepared by: _____ Date: _____

For Official Use Only

Museum Library Building Theater Other

Responsible Billing Party _____

Phone number _____

Address _____

City _____ State _____ Zip _____

P.O. Bank Card Business Check 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