

**DELTA BLUES MUSEUM
GROUP TOURS**

Contact Information

Group Name _____

Address _____

Telephone: _____ Fax: _____

Contact Name: _____ Contact E-mail _____

Day & Date of Visit _____ Start Time _____ Circle One: AM PM

Program(s) Being Booked: (Circle One) Self-Guided Guided

Special Considerations/Needs (Anyone in wheelchair, hearing impaired, etc.)

Costs of Program:

Group of 15 or more _____ X \$ _____

Adults _____ X \$ _____

Senior Citizens _____ X \$ _____

Children _____ X \$ _____

Tour guide/Bus Driver Free

Approx. Total Due: \$ _____

Payment: • A check payable to the Delta Blues Museum will be due the day of the program.

- Advance payment can be made by providing your card information or by mailing a check to : Group Scheduling, Delta Blues Museum, #1 Blues Alley, Clarksdale, MS 38614

- Card Information

Card Number: _____ Exp Date: _____ Payment Amount: _____

Name as appears on Card: _____

Type of Card: (circle one) VISA Mastercard AMEX Discover Diner's Club

Confirmation: Your appointment is not guaranteed unless we received a signed copy of this form within 5 business days.

Signature: _____ Date: _____

Please sign and fax a copy of this form to Group Scheduling Department, Fax (662) 627-7263

If your plans change or if you have any questions, please contact the Delta Blues Museum:

Telephone: (662) 627-6820 Fax: (662) 627-7263 Email: maie@deltabluesmuseum.org