

# GROUP REGISTRATION FORM

Group Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact name: \_\_\_\_\_

Contact e-mail address: \_\_\_\_\_

Program desired: \_\_\_\_\_

## Group Information:

	Group Leader	# Children	# Adults	Total #
Group 1				
Group 2				

## Date of Visit (Please provide THREE possible dates in order of preference)

	Date	Arrival Time	Departure Time
Choice #1			
Choice #2			
Choice #3			

Fax to: 804-734-4337 or Scan to: AWMWeb@lee.army.mil or Mail to: US Army Women's Museum, 2100 'A' Avenue, Fort Lee, VA 23801-2100

**PROGRAM COST AND ADMISSION: FREE**