

COMBAT AIR MUSEUM: TOUR REGISTRATION

**Tours are available for groups of 10 or more paying visitors,
and arrangements must be made at least one week in advance.**

Date Requested: _____ Time/s: _____

School or Organization Requesting: _____

Sponsor / Teacher / Administrator: _____

Number of Visitors: Students: _____ Staff: _____ Parents: _____

If School Bus(es) are to be used: # of Bus Driver/s: _____

School or Organization Address: _____

_____ Zip: _____

Phone # of Sponsor/Teacher/Administrator: _____

Sponsor / School / Organization Email: _____

Age Range/s of students / visitors: _____

Areas of Interest: _____

Any special accommodations needed: _____

How long of a visit is requested: _____

Who and how will admissions be handled? Pre-paid: _____ On Arrival: _____

Any Other Comments/Requests: _____

Please email this form to: office@combatairmuseum.com or mail to: Office Manager, Combat Air Museum

7016 SE Forbes Av., Topeka, KS 66619

For Combat Air Museum Use only:

Number of Guides for this tour: _____ Names: _____

Museum Contact person/s: _____

Admission Rate: Adults: _____

Youth: _____

Bus Driver: _____