

Henry Ford Museum®
Greenfield Village®
IMAX® Theatre
Ford Rouge Factory Tour
Benson Ford Research Center®

## **G.A.M.E Registration**

Please Print					
Group/School Name:					
Group/School Address:	Ci	ity:	State:	ZIP:	
Phone: Fax: _					
Contact/Teacher Name:	Er	nail Address:			
Principal's Name:	Pr	incipal's Phone:			
Visit Date: (Please include 3 date choices.) #1	#2	2	#3		
If none of these dates are available, we will contact you about additional dates or refund your deposit. \$500.00 nonrefundable deposit per room required from school groups.  Once your date has been reserved, the deposit is not refundable or exchangeable.					
Grade Level:	Group Total:				
Number of Boys:	Number of Girls:				
Number of Men:	Number of Won	nen:			
<b>Dormitory Room Reservation</b> (Do not exceed maximum room size. Responsible to pay minimum.)					
Small Girls Room (30 minimum/36 maximum):	Small Boy	78 Room (30 minimun	n/36 maximum):		
Large Girls Room (38 minimum/46 maximum):	:Large Boy	ys Room (38 minimun	n/46 maximum):		
(If your numbers fall below the required mini-	mum for each room	n, you will be respons	ible to pay the	minimum.)	
Contact's Signature:		Date:			
Arrival Time: (Must arrive between 11 a.m. and 2 p.m.)					
Arriving by: CAR/number of cars	S				
BUS/number of buse	es				

**America's Greatest History Attraction®** 

thehenryford.org

## **Optional Add-Ons**

Box Lunches	
(Minimum of 20) Cost per person is \$9.00 (Lunc	h includes sandwich, beverage, chips and cookie.)
Sandwich Menu Selection: Ham, Peanut Butt	er & Jelly, Turkey or Veggie Wrap
Number of Sandwich Selections: Ham	PB&J Turkey Veggie Wrap
Total Number of Lunches @ \$9.00	= Total Cost of Lunches
Lunch Pickup Location (All lunches must be picked up at the	same time and location.)
Museum: Pick up in Wienermobile Café	Village: Pick up at A Taste of History®
Time:	Time:
Date:	Date:
Any inquiries concerning this program or your reservation listed below, one of whom must be the principal of the par	
Printed Name:	
Authorized Signature:	Date:
Printed Name:	
Authorized Signature:	Date:
	Henry Ford and principal of the participating school or leader of the act will be mailed to contact along with a confirmation.
The Henry Ford G.A.M.E. Coordinator	
Printed Name:	
Authorized Signature:	Date:

## **Registration by fax or mail ONLY**

Mail to:

The Henry Ford Call Center P.O. Box 1970 Dearborn, MI 48121-1970

**Phone:** 313.982.6001 **Fax:** 313.982.6225

