



Earl Cunningham Trunk Registration Form

Booking Date_____

Dates :From:_____

To:_____

School/Organization Name:_____

Address:_____

City:_____ State:_____ Zipcode_____

Contact Person:_____

Phone Number:_____ Second Phone Number:_____

Email address:_____ Expected number of participants_____

Grade level/ Age Group_____

Transported By:_____

Any special needs or requirements?_____

Museum staff will call to confirm your attendance 24 hours before the presentation. If you are unable to attend or have a significant change in the number of participants please call us and let us know as soon as possible. All of our docents are volunteers and their time is invaluable to us.

