



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: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Contact/Teacher Name: _____ Email Address: _____

Principal's Name: _____ Principal's Phone: _____

Visit Date: (Please include 3 date choices) #1 _____ #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 Women: _____

Dormitory Room Reservation (Do not exceed maximum room size. Responsible to pay minimum.)

Small Girls Room (30 minimum/36 maximum): _____ Small Boys Room (30 minimum/36 maximum): _____

Large Girls Room (38 minimum/46 maximum): _____ Large Boys Room (38 minimum/46 maximum): _____

(If your numbers fall below the required minimum for each room, you will be responsible to pay the minimum.)

Contact's Signature: _____ Date: _____

Arrival Time: _____ (must arrive between 11am-2pm)

Arriving by: _____ CAR/number of cars _____

_____ BUS/number of buses _____

America's Greatest History Attraction®

thehenryford.org

Optional Add-Ons

Box Lunches

(Minimum of 20) Cost per person is \$8.00 (Lunch includes sandwich, beverage, chips and cookie)

Sandwich Menu Selection: Ham, Peanut Butter & Jelly, Turkey or Veggie Wrap

Number of Sandwich Selections: Ham _____ PB&J _____ Turkey _____ Veggie Wrap _____

Total Number of Lunches _____ @ \$8.00 = 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 arrangements should be made ONLY by the persons listed below, one of whom must be the principal of the participating school.

Printed Name: _____

Authorized Signature: _____ Date: _____

Printed Name: _____

Authorized Signature: _____ Date: _____

This contract is not valid until signed by **The Henry Ford** and principal of the participating school or leader of the participating group. A signed copy of the contract 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

