



SOURIS VALLEY MUSEUM

www.sourisvalleymuseum.com

HERITAGE DAY

Contact Name:

Name of School:

Number of Students:

Number of Chaperones (2 required for every 15 students – free admission):

Grade Level:

School Phone Number:

Teacher Phone Number/Email Address:

Morning (9:00-11:30) or Afternoon (12:00-2:30):

Special Needs (allergies, wheelchair, etc.):

Comments:

Cost (\$2.00/student – cheques payable to Souris Valley Museum Inc.):
of students x \$2.00 =

Does school require a receipt?

If Yes, school mailing address: