

## Southern California Railway Museum

## Group Charter Booking and Guided Tour

Charter     Day of Week     Time     End       Organization/Main Contact	Form Filled By:		Date	2		
Phone			Day of Week			
Address	Organization/Main	Contact				
School Group     Fee: \$150 minimum. One adult supervisor (no charge) for every six students.       Estimated     Actual       Number     Total Fee       Students (Preschool) (\$1)     \$       Students (Preschool) (\$1)     \$       Adult Supervisors (\$0)     \$       Extra Adults (\$77)     \$       Grand Total     \$       Adult Group     Fee: \$210 minimum       Estimated     Actual       Number     Total Fee       Adult Group     Fee: \$210 minimum       Estimated     Actual       Number     Total Fee       Number     Total Fee       Adult Group     Fee: \$210 minimum       Estimated     Actual       Number     Total Fee       Number     Total Fee       Adults (\$7)     \$       Children (\$5)     \$       Total     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff       Deposit     Date Paid       Credit/Cash/Check#	Phone			Email		
Estimated     Actual       Number     Total Fee     Number     Total Fee       Students (Preschool) (\$1)     \$     \$     \$       Students (K-12) (\$5)     \$     \$     \$       Adult Supervisors (\$0)     \$     \$     \$       Extra Adults (\$7))     \$     \$     \$       Grand Total     \$     \$     \$       Adult Group     Fee: \$210 minimum     Actual     Actual       Estimated     Number     Total Fee     Number     Total Fee       Adults (\$7)     \$     \$     \$     \$       Children (\$5)     \$     \$     \$     \$       Staff	Address			City	State	ZIP
Number       Total Fee       Number       Total Fee         Students (Preschool) (\$1)       \$       \$       \$       \$         Students (K-12) (\$5)       \$       \$       \$       \$       \$         Adult Supervisors (\$0)       \$       \$       \$       \$       \$       \$         Extra Adults (\$7)       \$ <t< td=""><td>School Group</td><td>Fee: \$150</td><td>minimum. On</td><td>e adult supervisor</td><td>(no charge) for every</td><td>' six students.</td></t<>	School Group	Fee: \$150	minimum. On	e adult supervisor	(no charge) for every	' six students.
Students (Preschool) (\$1)     \$<			Esti	imated		Actual
Students (K-12) (\$5)     \$			Number	Total Fee	Numb	er Total Fee
Adult Supervisors (\$0)     \$       Extra Adults (\$7))     \$       Grand Total     \$       Adult Group     Fee: \$210 minimum       Estimated     Actual       Number     Total Fee       Adults (\$7)     \$       Children (\$5)     \$       Total     \$       Sold deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff	Students (P	reschool) (\$1)		\$		
Extra Adults (\$7))     \$     \$     \$       Grand Total     \$     \$     \$       Adult Group     Fee: \$210 minimum     \$     \$       Estimated     Actual     Actual       Number     Total Fee     Number     Total Fee       Adults (\$7)     \$     \$     \$       Children (\$5)     \$     \$     \$       Total     \$     \$     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     \$       For Offfice Use Only       Staff	Students (K-12) (\$5)			\$		\$
Grand Total     \$     \$       Adult Group     Fee: \$210 minimum     Actual       Number     Total Fee     Number       Adults (\$7)     \$     \$       Children (\$5)     \$     \$       Total     \$     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     For Office Use Only       Staff	- Adult Supervisors (\$0)			\$		\$
Adult Group     Fee: \$210 minimum       Estimated       Number     Total Fee       Number     Total Fee       Adults (\$7)     \$       Children (\$5)     \$       Total     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff       Deposit     Date Paid     Credit/Cash/Check#       Date Paid     Credit/Cash/Check#	Extra Adults (\$7))			\$		\$
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Estimated     Actual       Number     Total Fee     Number     Total Fee       Adults (\$7)     \$     \$     \$       Children (\$5)     \$     \$     \$       Total     \$     \$     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     For Office Use Only       Staff	Adult Group	- Fee: \$210 mi	nimum			
Number     Total Fee     Number     Total Fee       Adults (\$7)     \$     \$     \$     \$       Children (\$5)     \$     \$     \$     \$     \$       Total     \$     \$     \$     \$     \$     \$     \$     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     \$		•				
Adults (\$7)     \$     \$     \$       Children (\$5)     \$     \$     \$       Total     \$     \$     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.     \$       For Office Use Only       Staff						
Children (\$5)     \$       Total     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff       Deposit     Date Paid     Credit/Cash/Check#       Balance     Date Paid     Credit/Cash/Check#		Г	Number	1	Numb	
Total     \$       50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff       Deposit     Date Paid     Credit/Cash/Check#       Balance     Date Paid     Credit/Cash/Check#				\$		\$
50% deposit of estimated fee due upon agreement signing. Actual fee will be determined when group arrives on day of charter.       For Office Use Only       Staff       Deposit     Date Paid       Credit/Cash/Check#       Balance     Date Paid       Credit/Cash/Check#	Children (\$5)			\$		\$
For Office Use Only       Staff	Total		\$		\$	
Staff	50% deposit of estimate	ed fee due upon agi	reement signing.	Actual fee will be dete	rmined when group arrive	es on day of charter.
Deposit  Date Paid  Credit/Cash/Check#    Balance  Date Paid  Credit/Cash/Check#			For	r Office Use Only	y	
Balance Date Paid Credit/Cash/Check#	Staff					
Balance Date Paid Credit/Cash/Check#		Date	e Paid		Credit/Cash/Chec	 k#
	N1				-	