

Date of tour: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

For office use only

Time of tour: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

# INDOOR FOSSIL TOUR - REGISTRATION



Phone: (204) 822-3406 ▪ [www.discoverfossils.com](http://www.discoverfossils.com) ▪ [info@discoverfossils.com](mailto:info@discoverfossils.com)

Please fill out form below and fax to: (204) 272-3303 or mail / drop off at:  
Canadian Fossil Discovery Centre  
Lower Level – Morden Recreation Centre, 111-B Gilmour Street  
Morden MB R6M 1N9

**Please print!**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email: \_\_\_\_\_

Total # of Participants: \_\_\_\_\_ Total Cost: \_\_\_\_\_

**Please indicate date preference:** *Subject to availability. Indicate first/second/third preference and circle your program choice.*

Preferred Month: \_\_\_\_\_ Preferred Dates: \_\_\_\_\_ Program: 1/2 Day or 1Day

**Note:** Minimum of 1 week advance booking is required.

<b>Admission Fees:</b>		<b>1/2 Day</b>		<b>1Day</b>
	<b>Child</b>		<b>\$25.00</b>	<b>Child</b>
	<b>Adult</b>		<b>\$30.00</b>	<b>Adult</b>
	<b>\$55.00</b>			<b>\$45.00</b>
	<b>Group of 7</b>		<b>\$175.00</b>	<b>Group of 7</b>
<b>\$315.00</b>				

Age(s) of persons under 18: \_\_\_\_\_ (Age 10 up only. Adult Supervision required.)

**A non-refundable deposit of 50% of total cost is required.** This amount will be subtracted from the total package price upon arrival at the museum. Please forward the deposit (cheque) to the address indicated above. (Please note: we accept cash, cheque, debit, Visa or MC) All taxes are included.

**Please indicate method of deposit payment:**

Method of deposit payment: Enclosed Cheque  # \_\_\_\_\_

Visa  MC  # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**OFFICE USE:**

Name of CFDC personnel who booked the tour/dig: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Paid: Yes  No  Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Date of tour: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_

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Staff Initials: \_\_\_\_\_

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**Special Requests / Instructions:** \_\_\_\_\_

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**OFFICE USE:**

Name of CFDC personnel who booked the tour/dig: \_\_\_\_\_ Date: \_\_\_\_\_

Deposit Paid: Yes  No  Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_