**Fredericton Region Museum**

**Scout Program Request Form**

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| --- | --- | --- | --- | --- |
| **Group** |  | | | |
| **Address** |  | | | |
| **Telephone** |  | | | |
| **Contact Person** | | |  | |
| **Email** | |  | | |
| **Program / Badge** | |  | | |
| **# of Participants** | |  | | |
| **Preferred Start Date** | | | |  |
| **2nd Choice Date** | | | |  |
| **Start Time** | | | |  |
| **End Time** | | | |  |
|  |  | | | |
| **Comments and Questions** | | | | |
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| **Signature** |  | | | |
| **Date** |  | | | |

Please fax form to (506) 458-8741 or deliver it to the

Museum office at 571 Queen Street.