**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.