

Group Reservation Policy

- Reservation *must* be made two weeks in advance
- Minimum of 15 people are required to receive the group rate.
- *All visits are self-guided unless a tour is purchased.*
- PAYMENT IS DUE ON ARRIVAL: check or credit card is preferred. *If you require an invoice, prior arrangements must be made.*
- Date, time, and number of persons must be confirmed five days prior to reservation date. *Your group will be charged*
- *this confirmed number regardless if fewer come on the day of reservation. Groups bringing more than the confirmed number will be charged.*
- Please mail (222 SW Washington St. Peoria, IL 61602) or fax (309.863.3054) this reservation sheet to the Group Tours and Reservations Coordinator
- Some exhibitions require an additional up-charge: *Titanic: The Artifact Exhibition* is an additional \$7 per adult, \$6 per senior, \$5 per child.

For more group reservation policy information please visit:
<http://www.peoriariverfrontmuseum.org/about/plan-your-visit/group-tours>

Group Reservation

Day: M T W TH F SA SU 1st Choice Date: _____ 2nd Choice Date: _____

Your choice of reservation date will be confirmed within 48 hours


Arrival Time: _____ Departure Time: _____ Organization: _____

Leader: _____ #Seniors: _____ #Adults: _____ #Children: _____

Address: _____

City: _____ State: _____ Zip: _____ County: _____ Phone: _____

Email: _____

Send me bus rental information: Yes or No 

Form of payment:

Please choose one

Cash

Check

Credit Card

Invoice—please indicate to whom and where the invoice needs to be sent. Invoices are sent after the group visit.

Please select one option:

Option 1: General Admission *ONLY*

(Includes all 5 galleries and public Planetarium show)

Adult: \$9.50 Senior: \$8.50 Child: \$7.50

Guided Tour for *one* gallery is an option for an additional \$3.00 per person.

Gallery: _____

Lunch Time: _____

Will your group bring a sack lunch? Yes or No

OR

Will your group purchase from the concession stand?

Yes or no

Option 2: Giant Screen Theater Only

Educational

Film: _____ Time: _____

Hollywood

Film: _____ Time: _____

Educational Film: Adult: \$6.50 Senior: \$5.50 Child: \$5.50

Hollywood Film: Adult: \$9.50 Senior: \$8.50 Child: \$7.50

Option 3: Day Pass Combo

(Includes all 5 galleries, public planetarium, and Giant Screen Theater Film)

Educational

Film: _____ Time: _____

Hollywood

Film: _____ Time: _____

Educational & Hollywood Film:

Adult: \$14.50 Senior: \$13.50 Child: \$12.50

FOR OFFICE USE ONLY

VSA ONLY VSA Initial _____

Transaction # _____ #Students _____ #Adults _____

Payment Type (select all that apply)

Cash \$ _____

Check \$ _____ Check# _____

Credit Card \$ _____

Refund needed Yes OR No

Amount of refund \$ _____

Invoice needed Yes OR No

Amount for invoice \$ _____

Notes: _____

Lunch location: _____

Taken by: _____ Date: _____ Cost/person: _____

Confirmed Reservation Date: _____

Staff start time: _____