

Date of tour: _____

Date of Confirmation: _____

For office use only

Time of tour: _____

Staff Initials: _____

FAMILY FOSSIL DIG ADVENTURE TOUR - REGISTRATION



Phone: (204) 822-3406 ▪ www.discoverfossils.com ▪ 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

We ask that you respect the arrival time noted above. Unfortunately, if your group arrives late, we cannot extend the end time of the program as other groups may have booked a tour.

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.*

Preferred Month: _____ Preferred Dates: _____

Note: Minimum of 1 week advance booking is required.

Admission Fees:	Child	\$40.00 per person
	Adult	\$50.00 per person
	"Group of Seven" Special	\$270.00 for 7 people

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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Special Requests / Instructions: _____

OFFICE USE:

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

Deposit Paid: Yes No Date Paid: _____ Amount Paid: _____