ANCHORAGE MUSEUM

PM/AM OVERNIGHTS AT THE MUSEUM

OVERNIGHT REQUEST FORM

To request a PM/AM Overnight reservation, please fill out the following form and submit it to overnights@anchoragemuseum.org. Overnights are based on staff and space availability, so please submit a selection of potential dates. Please review the PM/AM FAQ on our website. Once submitted, the overnight coordinator will be in contact within 5-7 business days. If you have any questions, send an email to the above address (preferred), or call 907-929-9261.

PM/AM prices for scheduled groups are \$90 per student and \$25 for every chaperone within the 1:5 ratio.

There is a one chaperone per five children ratio (1:5). Chaperones must be over the age of 18 and be responsible for the direct supervision of those in his or her group.

To reserve the date of your overnight, you will need to pay a deposit of \$500. This will be refundable up to 30 days before the intended date of the overnight but will not be refunded after that point in time. The remainder will be paid the day of the scheduled overnight program.

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I UNDERSTAND THAT SUBMITTING THIS FORM DOES NOT GUARANTEE MY VISIT			
P LEADER INFORMATION			
SCHOOL/ORGANIZATION			
GROUP LEADER'S NAME			
PHONE NUMBER			
EMAIL ADDRESS			
ALTERNATE CONTACT NAME			
ALTERNATE CONTACT PHONE OR EMAIL			
NIGHT INFORMATION			
PERFERRED DATE OF ARRIVAL			_ (MM/DD/YY)
2 nd CHOICE DATE			(MM/DD/YY)
3 rd CHOICE DATE			(MM/DD/YY)
TOTAL # OF STUDENTS (M	AX. 40)	GRADE LEVEL(S)	
TOTAL NUMBER OF ADULTS			(1:5 RATIO)
	I UNDERSTAND THAT SUBMITTING THE P LEADER INFORMATION SCHOOL/ORGANIZATION	PLEADER INFORMATION SCHOOL/ORGANIZATION	I UNDERSTAND THAT SUBMITTING THIS FORM DOES NOT GUARA P LEADER INFORMATION SCHOOL/ORGANIZATION

SCHOOL/ORGANIZATION CONTACT NAME STREET ADDRESS CITY, STATE, ZIP CODE PHONE NUMBER EMAIL ADDRESS ORGANIZATION TAX ID # ADDITIONAL INFORMATION TRANSPORTATION

PARKING REQUESTED _____(YES/NO)

Please note any medical or special accommodations in the space below.

BILLING INFORMATION