

様式第2号(第4条関係)

管理	総務	係員

Date: \_\_\_\_\_  
YYYY-MM-DD

For the Attention of Mr. Fumio Nanjo  
Director, Nanjo and Associates  
Designated Administrator, Towada Art Center

Name \_\_\_\_\_

Organization \_\_\_\_\_

Tel. \_\_\_\_\_

Fax \_\_\_\_\_

Address \_\_\_\_\_

# Towada Art Center Group Reservation Form

I submit the following in accordance with Article 4, Paragraph 2 of the Towada Art Center Rules & Regulations.

<b>Date of Visit:</b> _____ Y Y Y Y - M M - D D			<b>Application No.</b>	<b>Reference No.</b>	<b>Arrival &amp; Departure</b>  AM PM  ____:____ to ____:____
<b>Admission</b>	<b>Area</b>	<b>Guests</b>	<b>Price</b>	<b>Subtotal</b>	*Please contact us if need to change or cancel your reservation.
	Permanent Collection	____ People	¥ _____	¥ _____	
	Temporary Exhibition	____ People	¥ _____	¥ _____	
	<b>Total</b>				
<b>Additional Information</b> *Circle one	<p> <b>Would you like a receipt?</b> YES   NO         </p> <p> <b>Do you require bus parking?</b> YES   NO          [No. of Midsize Buses ____ ] [No. of Micro Buses ____ ]         </p> <p> <b>How can we contact you on the day of your visit?</b>          Name _____ Tel: _____         </p> <p>         *Bus parking is limited. We may contact you if your visit conflicts with another reservation.          *Please refrain from drinking alcohol before visiting the museum.         </p>				