Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Y Y Y Y - M M - D D

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.

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