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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