

管理	係員

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