The History Museum at the Castle ~ Group Visit Reservation Form

330 East College Avenue, Appleton, WI 54911
Phone: (920) 735-9370, ext. 104
Fax: (920) 733-8636
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☑ we would like to visit the **Charles A. Grignon Mansion** at 1313 Augustine Street in Kaukauna

Contact person: _____

Name of Group: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime phone: _____ Evening phone: _____ Fax: _____

Number of Visitors: ____ students

____ chaperones (one required for every 10 students at no charge)

____ additional adult(s) accompanying group

Please check if the following applies to your group (because of the age of the home, it is not handicapped accessible:

❑ Someone in our group has special needs, please explain: _____

Date of Visit: (Time and date subject to availability. Please reserve 4 weeks in advance for guided tours.)

_____ Day of Week

_____ Month, Day & Yr

_____/_____ start time/departure time

Visit Options:

1. _____
2. _____
3. _____
4. _____

PLEASE READ AND SIGN:

We request a tour with the options listed above. We understand that our visit will not be confirmed until a signed copy of this form is returned to the Outagamie County Historical Society with a $25.00 deposit. Balance of payment will be due on the day of our visit for the actual number of visitors. We will bring one adult chaperone for every 10 youths. Youths will be kept under adult supervision at all times.

Your Signature (required): _____ date: _____