



## Group Tour Request Form

**(THIS IS NOT A CONFIRMATION OF YOUR TOUR.)**

Return this form to the BHA as soon as possible; April and May dates tend to fill up quickly.

*We cannot hold dates until we have received this form.*

Once a request has been made, we will call or e-mail the contact person listed on the form within three (3) business days. Group Tour reservations are made on a first-come, first-serve basis and are filled based on space and availability.

Contact Person: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Name of School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_ Phone or \_\_\_ Email; Best Time to Call: \_\_\_\_\_

Group tours to our museums are held Tuesday – Saturday between the hours of 10 a.m. and 3 p.m. The BHA offers several tour locations. Select the museum or combination of museums you are interested in touring by marking your preferred locations with an “x” in the boxes below. List your top three date choices on the lines provided and your top three preferred times by marking your first choice as a “1”, second as a “2” and third as a “3” on the lines below. Assignments are made based on availability.

Preferred date: 1) \_\_\_\_\_, 2) \_\_\_\_\_, 3) \_\_\_\_\_

Preferred location(s):

Heritage Museum	Stillman House Museum	Combination Heritage & Stillman House Museums	Historic Brownsville Museum	Old City Cemetery	Combination Historic Brownsville Museum & Old City Cemetery

Preferred time slots (please mark below):

9A-11A	10A-12P	11A-1P	12P-2P	1P-3P

9A-11A	10A-12P	11A-1P	12P-2P	1P-3P

Specify the number of people in the group: \_\_\_\_\_

For groups with children or students:

Grade of Students Visiting: \_\_\_\_\_ # of Students: \_\_\_\_\_ # of Chaperones: \_\_\_\_ # of Teachers: \_\_\_\_\_

Special needs (please specify): \_\_\_\_\_

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How will you be arriving? # of Buses: \_\_\_\_\_ or Other: \_\_\_\_\_

Type of Bus (for parking purposes): Standard School Bus \_\_\_\_\_ Mini Bus \_\_\_\_\_ Charter Bus \_\_\_\_\_

# Brownsville Historical Association Group Tour Policies

**Please review and initial the policies and guidelines below.**  
**Request forms that have not been initialed will not be scheduled.**

- \_\_\_ The Brownsville Historical Association does not accept memberships or discount certificates for group tour rates.
- \_\_\_ Chaperones are required to be on the Chaperone List in order to receive admission. This list will need to be provided to the museum prior to your trip.
- \_\_\_ Chaperones must stay with their assigned children.
- \_\_\_ In order to preserve the items that are on display visitors are cautioned not to touch objects and works of art.
- \_\_\_ Cancellations must be made 24 hours before the day of your tour. No refunds.

## Payment /Billing

For the quickest and easiest check-in, the BHA can invoice your school/organization. Alternatively, payment may be made in a single transaction by cash, check, or credit card on the day of your visit. Please make checks payable to the Brownsville Historical Association. Individuals not registered as part of the group will be charged regular admission.

**We do not offer refunds or balance due adjustments for absent tour attendants.**

Please check one of the following:

- \_\_\_ We would like to be invoiced.
- \_\_\_ We would like to pay over the phone or in person by cash, check or credit card.

**I have read and understand all policies and procedures listed above:**

**Printed Name:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**To request a museum visit, return this form to the BHA at:**

**E-mail: [info@brownsvillehistory.org](mailto:info@brownsvillehistory.org)**

**Fax: 956-435-0028 or**

**Mail: 1325 E. Washington Street, Brownsville, Texas 78520**

*For Museum Use Only*

Tour Date: \_\_\_\_\_ Time: \_\_\_\_\_ Entered into Master Calendar: \_\_\_\_\_ Tour guide: \_\_\_\_\_

# of Children: \_\_\_\_\_ Cost per child: \_\_\_\_\_ # of adults: \_\_\_\_\_ Cost per adult: \_\_\_\_\_ Total Due to Museum: \_\_\_\_\_

Invoiced on \_\_\_\_\_ Rec'd Payment on \_\_\_\_\_ Via: **Cash** **Check** **Credit Card**

