

**Resevation Form for SCHOOLS or GROUPS**

**1. Type of Group:**

[ ] **Luxembourgish School [ ] International School** [ ] **School FR**

[ ] **School DE** [ ] **School BE** [ ] **Day Care Center**

[ ] **Other (please specify)**:

**2. Group Information:**

* **Name of the School/Group**:
* **Contact Name and Phone Number**:

**3. Participants:**

* **Number of Accompanying Adults**:
* **Number of Participants**:
* **Age Group of participants**:
* **Group with special needs?** Yes O No O

**4. Dates and Times of Visit(3 weeks prior to your visit):**

Please indicate 3 preferred dates, **in order of priority**.

Based on availability, you will receive confirmation for one of the chosen dates.

|  |  |  |  |
| --- | --- | --- | --- |
| **Option** | **Preferred Date** | **Arrival Time** | **Departure Time** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

5. **Would you like to reserve the picnic area for your "packed lunch" meals?**

No O Yes O (If more than 50 participants, staggered group rotations will be necessary.)

**6. Selection of SCIENCE SHOW (1 show included per participant):**

Please indicate 3 preferred shows, **in order of priority** (Brochure attached).

Based on availability, you will receive confirmation for the selected show(s) according to the number of participants. (1 extra show per participant = 4€ extra per participant)

|  |  |  |  |
| --- | --- | --- | --- |
| **Option** | **Name of the Show** | **Number of participants** | **Language LU, FR, DE, EN?** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**7. Billing Information:**

* **Billing Address**:

* **Client reference (if any)**:
* **Peppol Number (if applicable)**:

We will confirm the details of your visit as soon as possible. **For any questions,**

**additional information, or comments, please let us know in your email response**.

Thank you for your reservation!