

Santa House Registration Form

Group/School Name: _____

Mailing Address: _____

City _____ State _____ Zip _____

Contact Person _____

Day Phone _____ Evening Phone _____

E-mail Address _____

Tours are scheduled every 15 minutes with a *maximum* of 25 per group, including adults, or one class and two adults.

Number of Groups/Classes: _____ Grade Level: _____ Students per Group: _____

Special Considerations (wheelchairs, deaf interpreters, etc.) _____

Please indicate **first**, **second**, and **third** choices below.

First choice: Date: _____ Group 1 Time: _____ Group 2 Time: _____
Group 3 Time: _____ Group 4 Time: _____

Second choice: Date: _____ Group 1 Time: _____ Group 2 Time: _____
Group 3 Time: _____ Group 4 Time: _____

Third choice: Date: _____ Group 1 Time: _____ Group 2 Time: _____
Group 3 Time: _____ Group 4 Time: _____

_____ I request scholarship funds for my **Wichita County** students on the free and reduced lunch program.

_____ My **Wichita County Public School** grade would like to invoice the Kell House for our buses. I understand that it is my responsibility to schedule the buses for my group and ask them to bill the Kell House.

Incomplete forms will not be accepted.

SUBMIT HERE

or return to:

Santa House
Kell House Museum
900 Bluff Street
Wichita Falls, TX 76301
KellHouse1909@yahoo.com
(940) 723-6592 - fax