Washington County Fair Farm Museum Booking Sheet

Mail completed form to 392 Old Schuylerville Road, Greenwich, NY 12834 Fax 518-692-1021

Group Name_____

Contact Person_____

Mailing Address_____

_____

Phone # _____ E-mail _____

Traveling by_____

Grade level/Age group_____

Number in Group _____ Students _____ Chaperones_____

Special Needs _____

Picnic facilities _____Yes _____No

Requested Program:
Number # _____ Name _____

Requested Date:
1st choice _____ 2nd choice _____

<<<<<<<<<<<<<< Office Use >>>>>>>>>>>>>>>

Confirmed Date _____ Day_____ Time_____

Admission: Make checks payable to Washington County Fair
Amount due _____ Due by _____
Amount paid _____ Method_____ Date _____

Staff Needed:

_____ _____
_____ _____
_____ _____
_____ _____

_____Date received
_____Date confirmed
_____Date Guidelines and confirmation sent