

GROUP VISITS
Booking form

Contact person: _____
Street address: _____ City: _____
County/state: _____ Country: _____
Postcode: _____ Email: _____
Tel. (please include country code): _____

OPTIONS

Please choose:

- ☐ Museo Bailo
☐ Museo Santa Caterina

Tour leader:

- ☐ Private guide
Name and affiliation: _____
☐ Request of a guide from the museum

N° participants: _____

Any special requirements?

DATE AND TIME PREFERENCES

Visits are available Tuesday-Friday, 10.00-17.00. Please indicate two options. If neither is available, we will write to the contact named above to make suitable arrangements.

1. Date: _____ Time: _____
2. Date: _____ Time: _____

Date: _____

Contact signature: _____

Please send to: info@museicivicitreviso.it

Thank you for booking a school visit at the Treviso City Museums. We will get back to you as soon as possible to confirm details.