



# PMA TOUR POLICIES & REQUEST FORM

COMPLETE & RETURN this form with full payment to:  
PMA, Attn: Tours, 984 N. Milwaukee Ave., Chicago, IL 60642-4101  
Questions, please call: (773) 384-3352, extension 2111 (Mon.-Fri.)

## POLICIES

- **SCHEDULING**.....Tours must be scheduled two (2) weeks in advance.
- **PAYMENTS**.....The PMA Tour Policies & Request Form must be signed by the Tour Leader and submitted with full payment to the PMA at least three (3) days before the scheduled tour date. Fees must be paid in USD in the form of check, money order, credit card, or cash. Advance payment in full is required. No exceptions are permitted.

### • **ADMISSION RATES** (non-negotiable)

- Students (Kindergarten through College).....\$8.50 per person
- Seniors (65 and over).....\$8.50 per person
- Members\*.....\$6.00 per person
- Adults.....\$10.00 per person

\* Organizations with current PMA membership qualify under the Members rate, even if all individual participants are not members.

To calculate the base admission rate required, please use the following formula:

$$\frac{\text{group type}}{\text{admission rate}} \times \text{number of participants} = \text{base admission required}$$

- **TOUR GUIDE RATES** (non-negotiable)....For groups of 20 or less participants, the tour guide is included in the required base admission. For groups of more than 20 participants, please add the additional fee:
    - 21-40 participants, add \$20 for 1 additional guide
    - 41-60 participants, add \$40 for 2 additional guides
    - 61-80 participants, add \$60 for 3 additional guides
    - 81-100 participants, add \$80 for 4 additional guides
- \*For more than 100 participants, please call (773) 384-3352, extension 2111 (Mon.-Fri.)

- **CANCELATIONS/ REIMBURSEMENTS**.....If the Tour Leader notifies the PMA 48 hours prior to the scheduled tour, the PMA will reimburse the full ticket price per individual. Advance notice is required. Same day cancellations are nonrefundable. No exceptions are permitted.

### **Complete the following** (please print legibly):

Group \_\_\_\_\_ date & time of tour \_\_\_\_\_

Tour Leader \_\_\_\_\_ phone \_\_\_\_\_

**Amount due \$** \_\_\_\_\_ Please make checks payable to: **The Polish Museum of America**

Credit card number (Visa, MasterCard, Discover) \_\_\_\_\_ exp \_\_\_\_\_ v-code \_\_\_\_\_

Billing name & address \_\_\_\_\_

**Tour Leader signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Internal use only

Payment received by \_\_\_\_\_ Paid by: [ ] cash [ ] check [ ] credit card [ ] other \_\_\_\_\_

Cash: amount \_\_\_\_\_ Check: number \_\_\_\_\_ date \_\_\_\_\_ amount \_\_\_\_\_ | CC: date processed \_\_\_\_\_