Museum of the Cape Fear Historical Complex
801 Arsenal Ave
Fayetteville, NC

A DIVISION OF DNCR
North Carolina Department of Natural & Cultural Resources

# Museum of the Cape Fear Historical Complex
## Student Tour Reservation Form

Day & Date of Visit _____ Time of Visit _____

Group/School Name _____

Grade or Age_____ # of students _____ # of adults _____

Group Leader Name & Email _____
(for sending confirmation letter)

Phone numbers _____
school or business cell home

**TYPE OF TOUR:**

☐ Museum only: self-guided with scavenger hunt and activity sheets

☐ Poe House only: guided tour only; approx. 45 minutes

☐ Museum and Poe House, approx. 1 ½ hour visit.

Any special accommodations needed? _____

Bus departure time: _____ Do you need information on bus parking: ☐ Yes ☐ No

Will your group need time in the gift shop? (Shopping adds 20/30 minutes to visit.): ☐ Yes ☐ No ☐ Maybe

How did you hear about the museum? _____

**To be filled out by Museum Staff:**

Reservation taken & written on the calendar by _____ Date _____

Confirmation letter scheduled for or emailed on _____ by_____