



A Night at the Museum
AMNH Sleepover Program
amnh.org/sleepovers

Group Agreement

The group leader must read and sign this agreement and return to the American Museum of Natural History.

A Night at the Museum Date: _____

Group Name: _____

Group Leader Name: _____ **Reservation #** _____

Address: _____

Email Address (optional): _____

I hereby agree to the following:

- I have read the enclosed packet and passed out the information sheets, participation permission release forms, sample schedule, and frequently asked questions documents to the parents and chaperones in my group.
- I have read the cancellation policy and understand that my reservation is tentative until both the sleepover contract is returned and the account remaining balance is paid. I also understand that if full payment is not received two weeks before my event, my reservation is subject to cancellation.
- I will assign each child without a parent present to a chaperone. The chaperones know that they are responsible for their child(ren)'s behavior. The Museum requires one adult to every three children.
- I have reminded everyone in my group to eat dinner before they arrive and that no food or drink is allowed outside the designated eating areas.

Printed Name

Signature

Date