

Group Visit Application Form

～ 団体見学申込書 ～

To request a group visit, please reserve the group admission until a week before.

To request a guide tour, please arrange your own simultaneous translator. There are no translator at this museum.

(受付日)

Date: _____

Name of group. (団体名): _____

Name of representative. (代表者名): _____

Group or representative's address, phone and FAX number.
(グループまたは代表者の住所・電話番号・FAX番号)

Address: _____

TEL: _____

FAX: _____

Emergency telephone number. (緊急連絡先)
(simultaneous translator's or someone can speak Japanese)

Name: _____

TEL: _____

Visiting date and hour. (来館日・来館時間)

Date: _____

Time: _____ ~ _____

The need of a guide. (展示解説が必要か) YES / NO

Number of visitor and chaperon or teacher. (見学者・引率者の人数)

(来館者人数)

Visitor: _____

(引率者・引率の先生的人数)

chaperon(or teacher): _____

◎Only for school group visit (学校見学の団体のみ)・・・

Grade of the students and number of class. (生徒たちの学年とクラス数)

(学年)

Grade of the students: _____

(クラスの数)

Number of class: _____

Ginowan city museum

TEL: 098-870-9317 FAX: 098-870-9316 E-mail: kyoiku02@city.ginowan.okinawa.jp

Opened: 9:00 a.m. ~ 5:00 p.m. (The entrance receipt is up to 4:30 p.m.)

Closed: Every Tuesdays, National holidays (Except June.23/Nov.3), Dec.29 ~ Jan.3

Please hand in this application form by hand / FAX / E-mail.