



Group Reservation Form

Group Name: _____

Group E-mail Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone Number: _____

Fax Number: _____

Contact Name: _____

Number of Adults: _____

Number of Students (Age 5-22): _____

Number of Seniors (Age 62+): _____

First Choice Date: _____ Arrival Time: _____

Second Choice Date: _____ Arrival Time: _____

Third Choice Date: _____ Arrival Time: _____

Mode of Transportation: Car/Bus/Van Number of Vehicles: _____

Are you interested in a Guided Tour? Yes or No (please circle choice)

Are you interested in dining at Longwood Gardens? Yes or No (please circle choice)

**YOUR RESERVATION IS NOT COMPLETE UNTIL A GROUP
SALES REPRESENTATIVE CONTACTS YOU.**