

# LIVSREISE Group Request

Please complete and email to [marg@norwegianheritagecenter.org](mailto:marg@norwegianheritagecenter.org) **OR**

Mail to: M Listug, c/o Livsreise. 277 W. Main St., Stoughton Wi 53589

Group information	
Group Name	
Arrival Date	
Arrival Time	
Departure Time	
Group Leader Name	
E-mail	
Phone	Land line: (    ) _____ Cell: (    ) _____
Contact address:	
Group size	
Mode of transportation?	By car _____ By motorcoach _____
Coming from?	
Age range of group?	
Any wheel chairs, canes, or walkers?	
Do you need dining suggestions?	Yes _____ No _____
Focus of your visit?	
Does your group have any other special considerations or requests?	
Are you interested in spending a full day in Stoughton?	
For Livsreise use only in the below section	
Confirmed by Staff member	Name: _____
Confirmed on:	Date _____
Waiting for final information?	Yes _____ No _____
Received final CF on _____	By _____