

LIVSREISE Student/Youth Group Request

Please complete and email to marg@norwegianheritagecenter.org **OR**

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

Group information	
Group/School 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?	
Visiting other destinations in the area?	
Grade Level or Age range of group?	
Do any students have special needs? If so, please provide details	
Can we provide study guides?	
Focus of your visit?	
Do you have any other special considerations or requests?	
Do you need assistance with transportation costs?	
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 _____