

LIVSREISE Adult 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 Name	
Arrival Date	
Arrival Time	
Departure Time	
Group Leader Name	
E-mail	
Phone	Land line: () _____ Cell: () _____
Contact address:	
Group size (Include chaperones)	
Mode of transportation?	By car _____ By motorcoach _____
Age range of group?	
Any wheelchairs, canes, or walkers?	If so How many?
I understand that the group leader must accompany the group. If anyone in the group has a special need including mobility assistance Livsreise staff or volunteers cannot act as assistant to this person. I agree to abide by this requirement.	SIGNED: _____
Suggested donation-\$2.00 per person.	
Does your group have any other special considerations or requests?	
I need information about restaurants, attractions and other things to do 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 _____