



Children's Museum
OF FOND DU LAC

Passport to the World



an initiative of the
Institute of Museum and Library Services

Museums for All Request Form

Name: _____

Address: _____
Street Address

City State Zip

Phone: _____

Email: _____

Today's Date: _____

Amount able to pay: _____

Purpose of this Request (please check one)

- Field Trip
 Admission Passes
 Program or Class
 Family Membership
 Other (please state) _____

Please use the space below to share one or two sentences that summarize why you are seeking reduced or free access. You may continue on the back side if needed.

For office use only:	
Date request received _____	Date notified _____
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount awarded: _____
Executive Director Signature _____	

Please return this form to: Children's Museum of Fond du Lac
75 W. Scott Street
Fond du Lac, WI 54935