

FAX: +81-3-5802-9041

Please fill in with block letters.

Name of Gropus	
Name of Representative	
Number of Visitors	
Phone	
FAX	
e-mail	
Date of Visit	(DD/MM/YY)
Scheduled time of visit	
Scheduled time of departure from the museum	
Purpose	School Trip ▪ Excursion ▪ Study ▪ Sightseeing ▪ Others ()
Remarks (Requests etc)	