

Group Application and Reception Form

Day of visit	(yy/mm/dd)	Arrival time : _____
		Departure time : _____
Organization name	_____	
Contact	TEL: - - TEL (Home or mobile phone): - -	
Total number of visitors _____ persons	Adults: _____ persons	High school: _____ persons
	Junior high school: _____ persons	Elementary school: _____ persons
Comments		
Reception date:	(yy/mm/dd)	Receptionist: _____

* Please let us know in advance if you need a wheelchair (1 wheelchair is available)

* Space is limited in the lower level parking area of the building. Please refrain from using large buses, minibuses or other large vehicles when coming to the museum. We request that you use public transportation if at all possible.

* The content of this Group Application and Reception Form and personal information are used solely for making preparations for the acceptance of groups and for reference purposes in future facility management and will not be used for any other purpose.