



The ROLLS-ROYCE FOUNDATION
MUSEUM AND RESEARCH LIBRARY

2013 GROUP TOUR AGREEMENT

Date of Visit: _____ Arrival Time: _____ Departure Time: _____

Arrival by: Bus _____ Individually _____

Business/Function Name: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ Contact Cell: _____

Contact Email Address: _____

Please indicate how many guests will be attending _____
(Suggested donation \$5.00 per adult)

Authorized Contact Person for the User

Date

Authorized Representative for the Museum

Date

Mail this form & payment to:

Rolls-Royce Foundation
189 Hempt Road,
Mechanicsburg, PA 17050