Fairport Harbor Historical Society

Paranormal Group Facility Request / 2018

* Date Requested:	* Arrival Da	* Arrival Date/Time: -7:45 pm	
* Request Received By:	* Departure Da	* Departure Date/Time:- Midnight	
* Date Received:	* Contact Na	* Contact Name:	
* Group Name:	* Tour Lead	* Tour Leader Name:	
* Address:	(r	(nonrefundable)	
* Phone Number: Cell/Home (circle)		
CHAR DESCRIPTION OF CHARGES	# of Persons	Amount Charged	
DESCRIPTION OF CHARGES	# Of Tersons	Amount Chargeu	
4.5 - 5.5			
Group Rate - \$350.00	10 max		
Paid by Check/# Cash	_		
Total of all charges			
NOTES			