MUSEUM REIMBURSEMENT FORM

In order to provide as many families as possible with an opportunity to experience New England museums, reimbursements are limited to one per family/per year for Barnstead residents ONLY. The Library will reimburse admission at the rate of $20 per family (not to exceed total cost of admission) until the Museum Pass funds have been exhausted.

Name:__________________________________________________________

Home Address:________________________________________________________________________

(Check will be made out to this person and sent to this address. Address must be in Barnstead.)

Museum (name/state):_______________________________________________________________

Date of Visit:____________________________  Number of people in your group:______________

Remember to attach your admission receipt!

Library Use Only:  Ck#____________________  Date of Check:__________________________