Fairport Harbor Historical Society

Paranormal Group Facility Request */ 2018*

* Date Requested: _____ * Arrival Date/Time: -7:45 pm

* Request Received By: _____ * Departure Date/Time:- Midnight

* Date Received: _____ * Contact Name: _____

* Group Name: _____ * Tour Leader Name: _____

* Address: _____ * Deposit: $100.00
_____ (nonrefundable)

* Phone Number: Cell/Home (circle) _____

CHARGES

DESCRIPTION OF CHARGES	**# of Persons**	**Amount Charged**
Group Rate - $350.00	10 max	
Paid by Check/# _____ Cash _____		
Total of all charges		

NOTES