



# DORKING MUSEUM & HERITAGE CENTRE

## Dorking Museum Group Enquiry Form

**Name of Organisation /  
Society**

\_\_\_\_\_

**Group Leaders Name**

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\_\_\_\_\_

**Address**

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

**E mail address**

\_\_\_\_\_

**Phone Number**

\_\_\_\_\_

\_\_\_\_\_

**Date of Visit**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Time of Visit (approx)**

Hour                  Minutes

**Is a guided tour  
required?**

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**Do you have any special  
requirements?**

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**Expected Number in  
Group**

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