National Park Service
U.S. Department of the Interior

Moores Creek National Battlefield

GROUP RESERVATION FORM
SCHOOLS/ SCOUTS/ OTHER GROUPS
MOORES CREEK NATIONAL BATTLEFIELD

SUN MON TUE WED THU FRI SAT DATE ___/___/___

TIME ___:___TO___:___

GROUP LEADER: _____

NAME OF GROUP: _____

ADDRESS: _____

_____

DAY TIME PHONE: _____

E-MAIL: _____

NUMBER IN GROUP: _____(ADULTS)_____(CHILDREN)

GRADE/AGE/RANK: _____

SPECIAL NEEDS: _____

_____

NO PROGRAM/SELF GUIDED _____

1-1/2 HOUR INTERPRETIVE PROGRAM _____

PATRIOTS HALL _____

PICNIC GROUNDS _____

SCOUT PATCH _____

OVER-NITE CAMPING _____

Any other particular details or requests: _____

_____

_____

_____

_____

_____