

Reservation form for the "DIGS"
Sponsored by Ben E. Clement Mineral Museum

Family/Organization Name _____

Contact Person's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone number _____ (home)

_____ (cell)

_____ (work)

E-Mail Address _____

We will send a receipt for your registration via e-mail, if you do not have e-mail we will mail you a receipt.

Please give us your first, second and third choices for a dig date. We limit the public digs on each date to 30 people. So, be sure and send your registration with the fee early. You will be required to sign a waiver form before you go on the dig.

1st Choice _____

2nd Choice _____

3rd Choice _____

Do you want to go on the night dig? _____ If yes how many people? _____

The fee for the day dig is \$25.00/person. The night dig is \$40.00/person.

Number of people for day dig _____ x \$25.00 = _____

Number of people for night dig _____ x \$40.00 = _____

Total Amount Due with registration = _____

Please mail to: Ben E. Clement Mineral Museum
P.O. Box 391
Marion, KY 42064

If you have any questions please visit our website @ www.ClementMineralMuseum.org
or call the museum at 270-965-4263.