Armed Forces
HERITAGE MUSEUM

Mobile Museum Reservation Request

Your Full Name

Your Company / Organization

Your Title

Your Email Address

Your Street Address

Your City

Your Zip Code

Your Primary Phone Number

Name of Your Event

Your Secondary Phone Number

Type of Organization:
- Non-Profit Organization ($250/event day) ☐
- Corporation ($500/event day) ☐
- School/Educational Institution (donation accepted) ☐
- Government Entity (negotiable) ☐

Please Describe Your Event:

Date and Time of Your Event

Address of Your Event

Is Electrical Power Available (Within 75 ft)?
- Yes ☐
- No ☐

City, State & Zip Code of Your Event

Specific Parking Instructions:

Visitors view the videos and static displays of the Mobile Museum on the left side of the trailer, so please provide detailed parking instructions for the trailer to ensure the best experience for your group. Please include a satellite photo of the location with the parking location marked, if available.

On-Site Contact Name

On-Site Contact Mobile Phone Number

Media Contact Name

Load-In Date and Time of your Event

Media Contact Phone Number

Load-Out Date and Time of your Event

Media Contact Email Address

Please submit this form to: Armed Forces Heritage Museum
P.O. Box 324
Wrightstown, NJ 08562