



THE ARMED FORCES MILITARY MUSEUM
INCORPORATED
Duffle Bag Reservation Form

Teacher: _____

Subject: _____ Grade: _____

School Name: _____

Address: _____

_____ City State Zip Code

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Bag Requested (circle one): WWI WWII Korean War Vietnam War

Requested Dates 1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Bags are checked out for a two week time period.

Delivery and pick up is arranged and handled by a museum employee.

The program is free, but a \$50 replacement fee will be charged for any missing items upon pick up

Admin Use Only

Bag # _____

Drop Date _____

P/U Date _____

Confirmed _____

EMS _____

For more information contact Janis Beal:

education@armedforcesmuseum.com

Return this Form to:

The Armed Forces Military Museum

2050 34th Way North

Largo, FL 33771

Attn: Education Outreach Coordinator

education@ArmedForcesMuseum.com or Fax# 727-524-4967

For Office Use Only- Date Request Received _____