



GROUP ACTIVITIES RESERVATION FORM

To better understand the interest of your visit, the Education Department of Museu FC Porto please requests that the coordinator / teacher that proposed the activity carefully completes this form.

1. Intended Activities:

Museum Tour Stadium Tour Museum + Stadium Tour

Date: _____

Hour: ____:____

Guided Tour in English

2. Group / Institution name: _____

Country: _____ E-mail: _____ Mobile phone: _____

3. Age: ____ Number of visitors: ____ Number of Group Leaders: ____ Total: _____

4. What is the purpose of this visit?

Leisure Knowledge Other: _____

5. Do(es) any visitor(s) need(s) special care?

Yes No

If yes, what are the special needs? Please indicate the number of people with the following conditions:

Intellectual Disability

Deaf / Low Hearing

Physical Disability - Wheelchair

Blind / Low Vision

Neurological Disability

Psychosocial

Attention deficit and/or hyperactivity

Other: _____

Name of the person that completed this document: _____

Date: ____ / ____ / ____