

Seniors outreach program booking form



First and last name: _____

Organization name: _____

Address: _____ Email address: _____

Phone number: _____ Number of participants: _____

Date (option 1): _____ Date (option 2): _____ Date (option 3): _____

Plan your visit

Start time: _____
(Programs run between 9:00 a.m. and 2:00 p.m.)

Museum Memories (1 hour)

Select any **one** program:

Single session

Multiple sessions

Each session can have a maximum of 30 participants.

Virtual session

There are no maximum or minimum limits for this session.

Art workshops (1.5 hours)

Select any **one** program:

Single painting workshop

Series of 6 art workshops

Each workshop can have a maximum of 15 participants.

We have more than one group

We have more than one group

Please include special requests or any other information that would be important.

Email the completed form to infoPAMA@peelregion.ca.

[PAMA's Cancellation and Refund Policy, and Terms and Conditions](#)

9 Wellington St E. Brampton, ON L6W 1Y1

T: 905-791-4055 | [Peel Art Gallery Museum and Archives \(peelregion.ca\)](http://Peel Art Gallery Museum and Archives (peelregion.ca)) | infoPAMA@peelregion.ca