



EDUCATIONAL TOUR REQUEST FORM

Contact person: _____

Phone: h) _____ Fax: h) _____ Email: h) _____

Phone: w) _____ Fax: w) _____ Email: w) _____

School / Group: _____

Ages / Year level: _____ No of students: _____

Site / Tour requested: _____

Teaching Objective(s): _____

Suggested Date: _____ Suggested Time: _____

FOR OFFICE USE:

Date rec'd: _____

Tour Leader Assigned: _____

Staff notified: Museum Guide: _____

Volunteers: _____

Other: _____

Fee: _____ Paid: _____

Materials needed:

Other: