

ARTWORKS

CLASSROOM VISIT REQUEST FORM

GENERAL INFORMATION

School _____

Address _____

City _____ State _____ Zip _____

Teacher _____ Phone _____

E-mail _____

____ Grade 3 ____ Grade 4 _____ Number of Students

Lesson preference (please circle one). View lesson descriptions on previous page.

Cycles of Sam

Russian Impressionism

Japanese Crafts

Ian Boyden

DATE OF REQUESTED VISIT

Requests must be received at least two weeks in advance of your first preferred date. Classroom visits are offered during regular school hours, Monday through Friday. If your request is approved, an instructor will telephone you to discuss the details of your classroom visit. All supplies and necessary materials are provided by the Museum at no cost. Please schedule 2.5 to 3 hours for the classroom visit.

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

Return Completed form to:

The Art Museum of Eastern Idaho
300 S. Capital Ave.
Idaho Falls, ID 83402
Phone: 208-524-7777
Fax: 208-529-6666



Questions? Contact Alexa Stanger, Education Director at 208-524-7777 or astanger@theartmuseum.org
For more information on education programs through the Art Museum, please visit our Web site at www.theartmuseum.org.