

ARTOURS MUSEUM TOUR REQUEST FORM

GENERAL INFORMATION

School _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____

E-mail _____

TYPE OF TOUR REQUESTED

___ Guided Tour ___ Guided Tour with Lesson for School Groups

___ Guided Tour with Lesson for Private Groups ___ Self-Guided Tour

Grade _____ Number of Students _____

Special Needs _____

DATES REQUESTED

Requests must be received two weeks in advance of your first preferred tour date.

Tours are offered Wednesday through Saturday, 9 am – 3 pm, and Thursdays, 10 am – 7 pm.

Please note that we require one adult chaperone per 10 students.

If your request is approved, you will receive a tour confirmation by mail.

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

FAX 208/529-6666

Questions? Contact Alexa Stanger, Education Director 208/524-7777 or astanger@theartmuseum.org