

2023-24 season



ARTWORKS Classroom Visit Request Form

GENERAL INF	ORMATION F	PLEASE COMPLET	E ALL FIELDS	
School				
Address				
City		State Zip		
Teacher		Phone		
Email				
Grade Number of Students				
TIME OF REQUESTED VISIT All requests must be received a minimum of two weeks in advance of your first preferred date. When your request is approved, a visit confirmation will be sent to you by email. All supplies and necessary materials are provided by the museum at no cost. Please schedule approximately two hours for the classroom visit.				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30-10:30 AM	8:30-10:30 AM	8:30-10:30 AM	8:30-10:30 AM	8:30-10:30 AM
☐ 9-11 AM	☐ 9-11 AM	☐ 9-11 AM	☐ 9-11 AM	☐ 9-11 AM
☐ 12-2 PM	☐ 12-2 PM	☐ 12-2 PM	☐ 12-2 PM	☐ 12-2 PM
☐ 12:30-2:30 PM	☐ 12:30-2:30 PM	☐ 12:30-2:30 PM	☐ 12:30-2:30 PM	☐ 12:30-2:30 PM
DATES REQU First Choice Date				
Second Choice Date _				
Third Choice Date				

Send completed form to the Education Director, Emily Wunderlich, at artworks@theartmuseum.org.



ARTWORKS K-2 Visit Request Form

GENERAL INFORMATION PLEASE COMPLETE ALL FIELDS Address _____ City _____ State ____ Zip ____ Teacher ______ Phone _____ Email _____ Grade _____ Number of Students _____ **DATES REQUESTED** All requests must be received a minimum of two weeks in advance of your first preferred tour date. When your request is approved, a visit confirmation will be sent to you by email. All supplies and necessary materials are provided by the museum at no cost. **Kindergarten:** 1 hour & 15 minutes 1st Grade: 1 hour & 30 minutes 2nd Grade: 1 hour & 45 minutes Classes are not available on Tuesdays. First Choice Date ______ Time _____ Second Choice Date ______ Time _____

Send completed form to the Education Director, Emily Wunderlich, at artworks@theartmuseum.org.

Third Choice Date _____ Time ____

