

# ARTWORKS

## Classroom Visit Request Form

### GENERAL INFORMATION PLEASE COMPLETE ALL FIELDS

School \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Teacher \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Grade \_\_\_\_\_ Number of Students \_\_\_\_\_ ☐ In-Person Visit ☐ Virtual Visit (Via Zoom)

### 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
<input type="checkbox"/> 8:30-10:30 AM	<input type="checkbox"/> 8:30-10:30 AM	<input type="checkbox"/> 8:30-10:30 AM	<input type="checkbox"/> 8:30-10:30 AM	<input type="checkbox"/> 8:30-10:30 AM
<input type="checkbox"/> 9-11 AM	<input type="checkbox"/> 9-11 AM	<input type="checkbox"/> 9-11 AM	<input type="checkbox"/> 9-11 AM	<input type="checkbox"/> 9-11 AM
<input type="checkbox"/> 12-2 PM	<input type="checkbox"/> 12-2 PM	<input type="checkbox"/> 12-2 PM	<input type="checkbox"/> 12-2 PM	<input type="checkbox"/> 12-2 PM
<input type="checkbox"/> 12:30-2:30 PM	<input type="checkbox"/> 12:30-2:30 PM	<input type="checkbox"/> 12:30-2:30 PM	<input type="checkbox"/> 12:30-2:30 PM	<input type="checkbox"/> 12:30-2:30 PM

### DATES REQUESTED

First Choice Date \_\_\_\_\_

Second Choice Date \_\_\_\_\_

Third Choice Date \_\_\_\_\_

Send completed form to the Education Curator, Carina Rocco , at [artworks@theartmuseum.org](mailto:artworks@theartmuseum.org).



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