

ARTWORKS

K-2 Visit Request Form

GENERAL INFORMATION PLEASE COMPLETE ALL FIELDS

School _____

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 _____

Third Choice Date _____ Time _____

Send completed form to the Education Curator, Carina Rocco, at artworks@theartmuseum.org.

300 South Capital Avenue, Idaho Falls, ID 83402

