# ARTWORKS *Classroom Visit Request Form*

## GENERAL INFORMATION PLEASE COMPLETE 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<br>☐ 9-11 AM | ☐ 8:30-10:30 AM<br>☐ 9-11 AM | ☐ 8:30-10:30 AM<br>☐ 9-11 AM | ☐ 8:30-10:30 AM<br>☐ 9-11 AM |
| | ☐ 12-2 PM<br>☐ 12:30-2:30 PM | ☐ 12-2 PM<br>☐ 12:30-2:30 PM | ☐ 12-2 PM<br>☐ 12:30-2:30 PM | ☐ 12-2 PM<br>☐ 12:30-2:30 PM |

## DATES REQUESTED

First Choice Date _____

Second Choice Date _____

Third Choice Date _____

Send completed form to the Education Curator, Becca Hayes, at **artworks@theartmuseum.org.**

THE ART MUSEUM OF EASTERN IDAHO

208.524.7777 • www.theartmuseum.org

# 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 Mondays.***

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

Send completed form to the Education Curator, Becca Hayes, at **artworks@theartmuseum.org.**

300 South Capital Avenue, Idaho Falls, ID 83402

THE ART MUSEUM OF EASTERN IDAHO

# ARTOURS *Museum Visit Request Form*

## GENERAL INFORMATION PLEASE COMPLETE ALL FIELDS

School _____

Address _____

City _____ State _____ Zip _____

Contact Name _____ Phone _____

Email _____

Grade _____ Number of Students _____

## TYPE OF TOUR REQUESTED

☐ Guided Tour ☐ Guided Tour with Lesson

Special Needs _____

## DATES REQUESTED

*All requests must be received a minimum of **two weeks in advance** of your first preferred tour date. Tours are offered Tuesday through Friday, 10AM - 4PM. If your request is approved, you will receive a tour confirmation by email.*

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

### GROUP FEES

*Guided tours for school groups are $2 per student. Maximum group size is 50 students. Tour fee due upon arrival. Guided tours with lessons for school groups are $3 per student. Maximum group size is 50 students. Tour fee due upon arrical.*

### CHAPERONE POLICY

*We require one adult chaperone per 10 students. Admission is free for up to three chaperones. Additional adults accompanying the group are required to pay the $8 admission fee. Adults accompanied by additional children cannot be considered chaperones and will be charged regular admission fees.*

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