

ARTWORKS *Classroom Visit Request Form*

GENERAL INFORMATION PLEASE COMPLETE ALL FIELDS

School _____

Address _____

City _____ State _____ Zip _____

Teacher _____ Phone _____

Email _____

Grade _____ Number of Students _____

Special Needs _____

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.*

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

DATES REQUESTED

First Choice Date _____

Second Choice Date _____

Third Choice Date _____

Send completed form to TAM's Education Assistant, Jesslyn Low, at artworks@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 _____

Special Needs _____

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 available Tuesdays and Thursdays.

First Choice Date _____ Time _____

Second Choice Date _____ Time _____

Third Choice Date _____ Time _____

Send completed form to TAM's Education Assistant, Jesslyn Low, at artworks@theartmuseum.org.

