



GRAND RAPIDS ART MUSEUM

School Group Request Form (please fax completed form to 616.831.1001 or email to ejarvi@artmuseumgr.org)

Requested Tour Date: Choice One \_\_\_\_\_ Choice Two \_\_\_\_\_

Requested Tour Time: Choice One \_\_\_\_\_ Choice Two \_\_\_\_\_

Tour Type (please circle one): Docent-guided Self-guided

Tour Theme: Art + History Green Features Learning to Look Permanent Collection

Current Exhibitions: \_\_\_\_\_

School Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade Level(s): \_\_\_\_\_

Will there be any individuals who do not speak fluent English? Yes No

If so, please list languages spoken: \_\_\_\_\_

Please detail any cognitive, emotional, or physical disabilities for which we should prepare:

\_\_\_\_\_ # of Students \$4.00 (6-17 years of age, maximum 60)

\_\_\_\_\_ # of Adult Chaperones Free (ratio of 1 per every 10 students)

\_\_\_\_\_ # of Classroom Teachers Free (1 teacher per class)

[ ] Workshop Fee \$50.00

[ ] Please indicate if Crane Studio will be used for lunch purposes

\_\_\_\_\_ # of Total Visitors \_\_\_\_\_ Total Cost