

TOUR REQUEST FORM

Teacher Name(s): _____

School: _____

School Address: _____

Email: _____

Phone Number: _____

Grade Levels: _____

Number of Students: _____

Number of Chaperones: _____

Date Requested for Tour: _____

Back-up Date: _____

Arrival Time: _____

(please note that tours are 1 hour in length)

Please check if you are also applying for a Minsky Field Trip Fund Grant

YES NO

Please email this completed form to um.hudsonmuseum@maine.edu