## GIBBES MUSEUM OF ART | K-12 TOUR REQUEST

SCHOOL OR ORGANIZATION	GRADE LEVEL		
MAIN CONTACT			
ADDRESS			
CITY, STATE, ZIP			
BEST PHONE NUMBER			
EMAIL ADDRESS	_ COUNTY		
TITLE I SCHOOL? yes no			
GROUP INFORMATION			
DATE OF VISIT: First Choice	Second Choic	e	
PREFERRED ARRIVAL TIME (Museum op	ens at 10am)		
K–12 Guided K–12 Sel	f Guided		
TOUR THEME	ARRIVAL VIA:	Bus	Cars/Vans
SPECIAL NOTES			
HOW MANY: Students*:	Teachers**:	Chaper	ones**:
* Group tours over 75 students may need to be split over multiple visits; self-guided groups are limited to 30 students max.			
** One (1) teacher/chaperone is free for every 10 students. Additional chaperones are \$10/person			
Are you the primary contact for the day of t	he tour? yes	no	
Are you the group's teacher / educator?	yes no	Subject:	
Briefly describe your desired outcome for the	nis visit		
How much time do you have for your visit?			
90 minutes (tour & activity)	60 minutes (extende	ed tour)	45 minutes (tour only)
Will you be eating a bagged lunch on the p	roperty? yes	no	

## Please send completed form to tours@gibbesmuseum.org

135 MEETING STREET CHARLESTON, SC 29401 843.722.2706 GIBBESMUSEUM.ORG

