



EVERSON MUSEUM OF ART

TOUR REQUEST FORM

REQUESTOR'S NAME: _____ TODAY'S DATE: _____

SCHOOL/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

AGE OF GROUP: _____ NUMBER IN GROUP: _____ *(60 VISITORS MAXIMUM PER TOUR)*

Will your group require ramp or elevator access? _____

Will your group require a lunch room reservation? _____

(The Education Center is available Tuesday through Friday on a limited basis for school groups wishing to have lunch at the Museum. Reservations should be made at least three weeks in advance and preferably at the time of booking. 60 visitors maximum.)

Cost: School Tours are \$50.00 per classroom. Pre-payment is required prior to your tour date. An Invoice will be attached to your tour confirmation letter after your request is processed. Non-school tours are subject to regular admission price.

ADMISSION:

\$8.00 for adults

\$6.00 for students with ID and seniors

Free: Members, Active military and children 12 and under

Group Rate: \$6.00 per person for 12 or more guests.

We do offer limited scholarships to schools and organizations that service youth and demonstrate financial hardship or need.

Would you like to be considered for a scholarship, please check: _____ Yes _____ No

Please explain why you would like to be considered for a scholarship:

OVER PLEASE

Please note the Everson Museum is open for docent led tours from Tuesday to Friday, 10:00am—5:00pm, and *limited* tours are available Saturday & Sunday, from noon—5:00pm. Tours are one hour in length.

****SCHOOL GROUP TOUR POLICY:** *There should be a chaperone to student ratio of 1:10, (excluding staff who accompany special needs students).*

TENTATIVE DAY & DATE OF TOUR: _____ PREFERRED TIME: _____

ALTERNATE DAY & DATE: _____ PREFERRED TIME: _____

TYPE OF TOUR:

We offer many types of tours. Please select a tour type by checking the choices below:

- Visual Thinking Strategies Architecture Art History Ceramics
- iPad Pals (Presentations) K—12 College-level Seniors General
- Featured Exhibition French Speaking (*limited basis*)

OFFICE USE ONLY:

DATE RECEIVED: _____ INFORMATION TAKEN BY: _____ CALENDAR ENTRY: _____ STATISTIC DATA ENTRY DATE: _____
CONFIRMATION PACKET SENT ON: _____ CONFIRMATION SENT TO DOCENTS ON: _____

DOCENTS CONFIRMED:

PLEASE SUBMIT FORM TO: calbright@everson.org
401 Harrison Street • Syracuse NY 13202 • 315-474-6064 x 314 • eversonmuseum.org