



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)

Please note the Everson Museum is open for docent led tours from Wednesday to Friday, 10:00am—5:00pm, and limited tours are available Saturday & Sunday, from noon—5:00pm.

**SCHOOL GROUP TOUR POLICY: There should be a chaperone to student ratio of 1:10, (excluding staff who accompany special needs students). ALL guests must wear name-tags (first name only.)

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 Focus French Speaking (limited basis)

OFFICE USE ONLY:

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

DOCENTS CONFIRMED:

PLEASE SUBMIT FORM TO: QWilliams@everson.org

401 Harrison Street • Syracuse NY 13202 • 315-474-6064 x 303 • eversonmuseum.org