

wexner center
for the arts

SCHOOL TOUR RESERVATION FORM

Complete this form and send by mail or fax to:

Wexner Center Education Department
1871 North High Street
Columbus OH 43210-1393
FAX: (614) 247-6777

Questions?

Please call
(614) 292-6493

Teacher / Contact Person: _____

Grade Level: _____

(also indicate class or course name if appropriate)

School Name: _____

School Address: _____

City / State / Zip: _____

E-mail: _____

School Phone / Fax: _____

Contact Person's Phone: _____

Number in Group: _____

(indicate number of students and of adults; one adult must accompany every 10 students)

Tour Date / Time Requested: _____

Alternative Dates / Times: _____

(please provide two)

Title of Exhibition(s): _____

Transportation (circle): Bus Van Car

(so that we can provide parking instructions)

Information about your school group and any special requests: _____

Thank you for your interest in the Wexner Center and our exhibitions.

We will contact you by phone or e-mail to confirm your tour reservation.

school tours