

# TOUR REQUEST FORM

**To schedule a tour**, complete the form below and make a copy for your records. Submit your request at least six weeks in advance. Your tour is not finalized until you receive a written confirmation, usually within three weeks.

**MAIL TO:** School Tours, Education Department, BMA,  
10 Art Museum Drive, Baltimore, MD 21218

**BY PHONE:** 443-573-1821  
Tuesday–Friday, 9 a.m.–4:30 p.m.

**BY E-MAIL:** [Tours@artbma.org](mailto:Tours@artbma.org)

**BY FAX:** 443-573-1581

TODAY'S DATE \_\_\_\_\_ SCHOOL \_\_\_\_\_

TEACHER'S NAME \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IS SCHOOL IN BALTIMORE CITY? \_\_\_\_\_ OTHER COUNTY (please name) \_\_\_\_\_

TITLE I SCHOOL YES \_\_\_\_\_ NO \_\_\_\_\_

HOME PHONE \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

HOW DO YOU PREFER TO BE CONTACTED? E-MAIL \_\_\_\_\_ HOME \_\_\_\_\_ SCHOOL \_\_\_\_\_

GRADE LEVEL \_\_\_\_\_ NUMBER OF STUDENTS \_\_\_\_\_ NUMBER OF ADULT CHAPERONES \_\_\_\_\_

DESIRED TOUR TOPIC \_\_\_\_\_

PLEASE INDICATE YOUR TOP THREE CHOICES FOR THE DATE AND TIME OF YOUR TOUR.

**Remember that the BMA is closed Mondays and Tuesdays.**

1ST CHOICE **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

2ND CHOICE **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

3RD CHOICE **DATE** \_\_\_\_\_ **TIME** \_\_\_\_\_

GUIDED TOUR \_\_\_\_\_ SELF-GUIDED (TEACHER-LED) TOUR \_\_\_\_\_

IF A DOCENT TOUR IS NOT AVAILABLE, WOULD YOU LIKE TO SCHEDULE A SELF-GUIDED TOUR?

YES \_\_\_\_\_ NO \_\_\_\_\_

FOR SELF-GUIDED TOURS, PLEASE NAME THE GALLERIES OR EXHIBITIONS YOU PLAN TO VISIT.

\_\_\_\_\_

DO YOU HAVE ANY STUDENTS WITH SPECIAL NEEDS? IF SO, PLEASE EXPLAIN.

\_\_\_\_\_

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR STUDENTS OR CURRICULUM IN ORDER TO PLAN A SUCCESSFUL VISIT FOR YOUR GROUP? \_\_\_\_\_

\_\_\_\_\_