GUIDED COMMUNITY TOUR
Request Form

Group name: ____________________________________________

Group leader: __________________________________________

Email: ____________________________________ Phone: __________________

Address: __________________________________________________

City: ____________________ Zip: __________ County: ____________

Have you visited the museum before?  □ Yes  □ No

Expected Number of Youth: ______ Age Level: ______

Expected Number of Adults: ______

First Choice Date: __________________________ Time: _______________

Second Choice Date: __________________________ Time: _______________

Length of visit: ______

Do any participants have any special needs of which Museum staff/volunteers should be aware?

List any educational goals or subjects of interest:

Send completed form to:
Email: mnhtours@uoregon.edu
Fax: 541-346-5334  Office: 541-346-1694
Museum of Natural & Cultural History
Attn: Education Coordinator
1224 University of Oregon, Eugene, OR 97403-1224

OFFICE USE ONLY:
Confirmation: __________________
Calendars: __________________
TAM: __________________
Reminder email: _______________
Survey email: __________________