



Community Tour Request Form

Today's Date: _____

Group name: _____

Group leader: _____

Email: _____ Phone: _____

Address: _____

City: _____ Zip: _____ County: _____

Have you visited the museum before? Yes No

Number of Youth: _____ Age Level: _____

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 subject areas of interest:

Please send completed form to:

Email: mnhtours@uoregon.edu

Fax: 541-346-5334 Phone: 541-346-1694

Museum of Natural and Cultural History

Attn: Education Coordinator

1224 University of Oregon, Eugene, OR 97403-1224

OFFICE USE ONLY Confirmation: _____ Calendars: Google Volgistics TAM: _____ Reminder: _____ Survey: _____

