

## Class Reservation Request Form

Please complete all applicable information fully and legibly.

\_\_\_\_\_  
*Today's Date*

\_\_\_\_\_  
*School Name*

\_\_\_\_\_  
*Group Leader's Name*

\_\_\_\_\_  
*Instructor's Name (if different)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

\_\_\_\_\_  
*Telephone*

\_\_\_\_\_  
*Fax*

\_\_\_\_\_  
*E-mail Address*

## Class Visit

Please indicate your preferred dates and times.

\_\_\_\_\_  
*First Choice*

\_\_\_\_\_  
*Second Choice*

Please indicate any special topic/interests:

\_\_\_\_\_

Would you like to have a Docent? (*Yes or No*) \_\_\_\_\_

How many students in this class? \_\_\_\_\_

Please indicate if you have any special needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please provide the following information about the class:

*College/University*

Course Number \_\_\_\_\_ Course Name \_\_\_\_\_

*Elementary/Middle/High School*

Grade(s) \_\_\_\_\_ Course Name \_\_\_\_\_