

School Visit Request Form

PLEASE FAX THIS REQUEST FORM TO 518.463.5506

Please indicate your top three choices for the date and time of your museum lesson.

	Date	Time
1st Choice	_____	_____
2nd Choice	_____	_____
3rd Choice	_____	_____

Please circle title of the program:

Discovering the Museum	Learning about Art	New York People and Places
The Serious and the Smirk	Ancient Egypt: Art & Culture	
Traders & Culture: Colonial Life in America	Art, Artists and Nature: The Hudson River School	
Fabrica: Fiber Constructs by Estelle Kessler Yarinsky	Indian Ladder, A Lyric Journey	
Full Steam Ahead: Robert Fulton and the Age of Steamboats	Iroquois Games and Dances	

Type of lesson (*Circle One*): Docent - led or Self - Guided

Art making Activity? Y / N

Number of Students: _____ Grade: _____

Your name: _____

School Name: _____

School Address: _____ City: _____ State: _____ Zip: _____

School Phone: _____ Best time to reach you at school: _____

Home Phone: _____ Email: _____

Request for On-Site SHOPCART: Y / N

Request for MUSEUM SHOP visit: Y / N

**If you request the SHOPCART or would like to visit the MUSEUM SHOP, please add 15-20 extra minutes to your departure time.*

Please describe any special needs your group may have (e.g. limited English proficiency, physical needs, learning requirements) so that we can accommodate you to the best of our ability:

PLEASE NOTE: Submission of this request does not confirm your visit. Once your visit has been scheduled, you will receive a confirmation. You must receive a written confirmation from our office to guarantee your appointment. We will contact you if more information is needed or if alternate arrangements are required.

Albany Institute of History & Art

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www.albanyinstitute.org