

School Tours Registration Form

YOUR INFORMATION

School / Group Name _____

Street Address _____

City / State / Zip _____

District / County _____

Title I school? Yes No

Public Private Parochial Homeschool

Grade Level _____ Number of Students _____ Number of Chaperones _____

Contact Name _____

Administrator Teacher Parent Other

School Phone # (+ area) _____

Home Phone # (+ area) _____

Email Address _____

How do you prefer to be contacted? Email Home Phone School Phone

Is this your first time bringing students to the Walters? Yes No

DESIRED TOUR (SEE TOURS SELECTIONS)

1st Choice Tour Name _____

2nd Choice Tour Name _____

Guided Tour Self-guided tour (available ONLY W–F, after 1 p.m.)

SCHOOL TOURS ARE AVAILABLE TUESDAYS, WEDNESDAYS, THURSDAYS, AND FRIDAYS.

1st Choice Date _____ 10 a.m. 11 a.m. 12 p.m. 1 p.m. 2 p.m.

2nd Choice Date _____ 10 a.m. 11 a.m. 12 p.m. 1 p.m. 2 p.m.

3rd Choice Date _____ 10 a.m. 11 a.m. 12 p.m. 1 p.m. 2 p.m.

4th Choice Date _____ 10 a.m. 11 a.m. 12 p.m. 1 p.m. 2 p.m.

I would like a **School Outreach Visit**. (A staff member will contact you.)

I would like a **Studio Experience** with the tour.

I am a Title I school and would like to be contacted about a possible **bus stipend**.

Please list any special needs you or your students may have. _____

SUBMIT INFORMATION (No phone registrations accepted)

Online teachers.thewalters.org/register

Fax (410) 837-4886

Mail The Walters Art Museum

Education Division

Attn: Tour Scheduler

600 North Charles Street

Baltimore, MD 21201

Please duplicate this form for multiple requests and keep a copy for your records. Submit this form at least six weeks in advance of your earliest tour request date. Submission of this form does not confirm your visit. Written confirmation will arrive via email within two to three weeks of receipt. If a conflict exists, we will contact you.