

NATIONAL GALLERY TOUR REQUEST FORM

SCHOOL: _____

CONTACT DETAILS

NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

DATE & TIME OF VISIT:

FIRST CHOICE:

*Please state your preferred dates and times
in order of preference.*

SECOND CHOICE:

THIRD CHOICE :

NUMBERS:

NUMBER OF CHILDREN _____

AGE RANGE: FROM _____ TO _____

NUMBER OF ADULTS _____

TYPE OF VISIT:

OPTION 1 — Minds Inspired Active Learning Session

Please circle.

OPTION 2 — Themed tour of the National Collection

OPTION 3 — Tour of the temporary exhibition

OPTION 4 — Studio activity

TOPIC OR INTERESTED THEME:

(Optional) _____

DO ANY STUDENTS OF YOUR GROUP HAVE Yes No

SPECIAL NEEDS OR REQUIREMENTS WE *If yes, please describe.*

SHOULD BE AWARE OF?

WILL YOUR GROUP NEED ASSISTANCE Yes No

WITH TRANSPORTATION?

We will do our best to accommodate your request; however due to numerous events and school requests we may need to propose alternatives. Please email your completed form to education@nationalgallery.org.ky.

(345) 945 8111 | www.nationalgallery.org.ky | @NatGalCayman