

GRAND RAPIDS ART MUSEUM

School Group Request Form (please email completed form to Emily Jarvi, School Experience Manager at ejarvi@artmuseumgr.org)

Requested Tour Date:	Choice One	C	hoice Two	
Requested Tour Time:	Choice One		Choice Two	
Tour Type (please circle one):	Docent-guided Self-guided			
Tour Theme (please circle one):	Animals in Art Art + History	Green Features	Learning to Look	Storytelling in Art
	Highlights Tour Current Exhibitions Tour Permanent Collection Tour Other:			
School Name:				
School Street Address:				
City:				
School Phone:				
Primary Contact Name:				
Primary Contact Phone:	Primary Cont	act Email:		
Grade Level(s):				
Will there be any individuals who	do not speak fluent English?	Yes	No	
If so, please list languages spoken	ı:			
If there are any individuals with d below and/or reach out to GRAM ejarvi@artmuseumgr.org.		•	-	
# of Students	\$4.00/student			
# of Required Chaperon	nes Free (GRAM requires a ratio of 1 adult chaperone per every 10 students)			
# of Additional Adults	\$7.00/adult			
# of Teachers	Free (Teachers may attend free of charge)			
[] Workshop Fee (add-on to tou	ur) \$50.00/classroom			
[] Please indicate if you'd like to	o include a visit to GRAM's Disco	very Gallery (hands	s-on, interactive spa	ce) during your experience.
[] Please indicate if you'd like to	o reserve a studio for lunch purp	oses (studio use is	based on availabilit	y, lunch is not provided).
# of Total Visitors		Total Cost		