

## School Group Reservation Form

Please print or type all information

### 1. Contact

Name of School: \_\_\_\_\_ Teacher Contact: \_\_\_\_\_

Grade level: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### 2. Select the type of tour (select one):

Docent Led Tour (90 minutes) Tour Requested \_\_\_\_\_

Self- Guided

### 3. Visit Details

We are closed on Mondays.

Reservations for school visits can be made between 10:00 AM – 2:00 PM Tuesday - Friday.

Please arrive 20 minutes prior to your visit.

**Reservations must be made at least three weeks in advance.**

Desired date of tour: \_\_\_\_\_

Arrival time: \_\_\_\_\_

Second option (If first option is booked): \_\_\_\_\_

Arrival time: \_\_\_\_\_

Our group will be arriving by: Please [x] one of the following:

Automobile  Bus  Walking

If arriving by bus, how many buses will be used? \_\_\_\_\_

### 4. Ticket Information Note: One chaperone complimentary ticket per ten student tickets required.

The fee for adults over the required ratio is ratio is \$5.00. Please include any special needs you may have with this form.

**School Group (K-12) \$4.00 X \_\_\_\_\_ = \_\_\_\_\_**

**Chaperone (1 required per 10 students) \$0.00 X \_\_\_\_\_ = \_\_\_\_\_**

**Additional Chaperones \$5.00 X \_\_\_\_\_ = \_\_\_\_\_**

\*Rates subject to change without notice **Total Amount Due = \$ \_\_\_\_\_**

### 4. Payment Note: 50% of total amount due must accompany reservation form. Total count must be confirmed one week in advance of the visit date. No cash refunds.

Payment can be made by submitting one of the following:

Discover  Money Order  MasterCard  Visa  American Express

Check payable to: Reginald F. Lewis Museum

Purchase Order # : \_\_\_\_\_ ( attach copy of PO)

Credit Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name as it appears on credit card:

\_\_\_\_\_  
Signature: \_\_\_\_\_

## School Group Reservation Form (continued)

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### 5. Accessibility

Inform us of any special needs we can assist you with to accommodate your school visit:

Examples:

- Wheelchairs will be provided upon request.
- Full time captioning on all films for the hearing impaired

List your special needs:

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6. The Museum Café has lunch options for school groups and classes may bring their own bag lunch. Please note that the lunch area is reserved on a first-come basis. Please note if lunch space is requested

Yes     No

If so, time requested \_\_\_\_\_

### 6. Parking

Directions for the parking garage can be found on our website at [www.AfricanAmericanCulture.org](http://www.AfricanAmericanCulture.org) There will be signage directing you to the group entrance check-in. Students will return to the bus loading area at the designated time to return to their respective schools.

**Please return this form and payment to:**

**Visitor Services**

**Reginald F. Lewis Museum of Maryland African American History and Culture**

**830 East Pratt Street, Baltimore, MD 21202**

**Phone: 443-263-1800 Fax: 410-333-1138 Website: [www.AfricanAmericanCulture.org](http://www.AfricanAmericanCulture.org)**