

Artspace Tour Request Form

Please return completed tour form to the Visitor Services Coordinator for approval.
Katie Gunter – kgunter@artspacenc.org



Organization:

Tour Type: General _____ **Process & Product** (Wake County 5th Grade Classes Only) _____

Contact Name:

Phone Day: _____ **Eve:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Date Requested for Tour: _____ **Arrival Time:** _____

Number of Participants: _____
(maximum: 15 per group)

Number of Chaperones: _____ (MUST be at least 2 present per group)

Age of Participants: _____

Please list any additional or relevant information for the Artspace staff:

To be completed by Artspace Staff

____ **Approved**

Not Approved

____ **Confirmation**

Date of Mailed Confirmation

Docent: _____

Docent Contact Info: _____