

ADULT TOUR REQUEST FORM

To schedule a tour, complete the form below and make a copy for your records. Submit your request at least six weeks in advance. Forms with incomplete information may delay your tour request. Your tour is not finalized until you receive a written confirmation.

BY E-MAIL: Tours@artbma.org (Preferred)

BY FAX: 443-573-1581

MAIL TO: Adult Tours, Education Department, BMA
10 Art Museum Drive, Baltimore, MD 21218

BY PHONE: 443-573-1821

TODAY'S DATE _____ ORGANIZATION/GROUP NAME _____

GROUP LEADER'S NAME _____

ORGANIZATION ADDRESS _____

CITY _____ STATE _____ ZIP _____

IS YOUR ORGANIZATION IN BALTIMORE CITY? YES NO

OTHER COUNTY (please name) _____

HOME OR CELL PHONE _____ ORGANIZATION PHONE _____

E-MAIL ADDRESS _____

HOW DO YOU PREFER TO BE CONTACTED? E-MAIL HOME ORGANIZATION

NUMBER IN GROUP _____ FOR NON-MEMBERS, GUIDED TOUR COST IS \$10 PER PERSON.

DESIRED TOUR TOPIC _____

PLEASE INDICATE YOUR TOP TWO CHOICES FOR THE DATE AND TIME OF YOUR TOUR.

Remember that the BMA is closed Mondays and Tuesdays.

1ST CHOICE DATE _____ TIME _____

2ND CHOICE DATE _____ TIME _____

GUIDED TOUR SELF-GUIDED (LEADING YOUR OWN TOUR)

IF A DOCENT TOUR IS NOT AVAILABLE, WOULD YOU LIKE TO SCHEDULE A SELF-GUIDED TOUR?

YES NO

SELF-GUIDED TOUR? PLEASE NAME THE GALLERIES OR EXHIBITIONS YOU PLAN TO VISIT.

DOES ANYONE IN THE GROUP HAVE SPECIAL NEEDS? IF SO, PLEASE EXPLAIN.

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR GROUP OR ORGANIZATION IN ORDER TO PLAN A SUCCESSFUL VISIT?

GUIDED TOUR? IF SO, WILL YOU BE STAYING IN THE GALLERIES AFTER YOUR TOUR IS FINISHED? FOR HOW LONG?

