

Website Tour Request Form



First Tour Date Desired : _____ **Second Tour Date Desired:** _____ **Tour Start Time:** _____ **Tour End Time:** _____
Type of Group: Adult School age PreSchool Senior (65Y+) Misc.(Scouts, Club)
Number of Attendees: Adults: _____ Children: _____ Seniors: _____ Age of children: _____ Grade of Class: _____

Organizational Information

School/Organization Name: _____ Phone: () - _____ - _____
 Address: _____ City: _____ State: _____ Zip: _____

Contact Information

Primary Contact Name: _____ Secondary Contact Name: _____
 Phone: () - _____ - _____ Phone: () - _____ - _____
 Email: _____ Email: _____

Activity Needs

Tour: Jay Jay Play Area use:
 ArtsPartners Program: y n ArtsPartners Code: _____
 Desired Program Location: Presentation at Museum: Offsite at School :
 Special Requirements/Additional Information: _____

Supervisor/Lead Teacher : _____ Signature: _____ Date: _____

Mail form to: Frontiers of Flight Museum 6911 Lemmon Ave. Dallas, TX 75209 or fax to: 214-351-0101