



FOR TEACHERS TO COMPLETE:

DATE OF TOUR: _____ START TIME: _____ END TIME: _____

SCHOOL/GROUP: _____

CONTACT NAME: _____

PHONE: _____ EMAIL: _____

EXPECTED # OF STUDENTS: _____ ACTUAL # OF STUDENTS: _____

GRADE/AGE GROUPS: _____

TOUR TYPE: *Check all that apply*

General PME tour *Archives tour (Wednesday only)*

Gallery A and B *Self-guided (no docent required)*

SPECIAL REQUESTS/ADDITIONAL INFO ABOUT YOUR GROUP: _____

PHOTOS: Touchstones Nelson: Museum of Art and History documents activities for our website and marketing materials. **The group contact named above is responsible for informing the School Programs Coordinator or the Docent if there are children in your group that are NOT to be photographed. (Initial after reading: _____)**

COSTS: STUDENTS \$3 - TEACHERS AND CHAPERONES ARE FREE
Please note that chaperones are required for safety; teachers, please see our website for more info.

FOR TOUCHSTONES ADMIN TO COMPLETE:

BOOKED BY: _____ DATE: _____

PAYMENT: *At arrival* *Invoice emailed date: _____* *Paid date: _____*

NAME(S) OF ASSIGNED DOCENT(S): _____

FOR MORE INFORMATION CONTACT: Alison Talbot Kelly, School Proragms Coordinator
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