

MUSEUM STUDENT TOUR REQUEST FORM

600 N. Woodland Blvd., DeLand, FL 32720 PH 386.734.4371 Fax 386.734.7697 • www.moartdeland.org

Please complete this form for either a docent-led or self-guided student tour. The cost is the Museum admission price (some discounts may apply for special exhibitions). **Volusia County Public Schools and Stetson students are free.** One chaperone for every 10 students is free. Docent-led tours are for groups of 10 or more only. Please allow at least two weeks of advance notice. The fee is collected on the day and time of your tour. Student tours are scheduled Tuesday - Friday from 10:00 a.m. - 3:00 p.m.

Please note: Your tour is not scheduled until you receive confirmation from the education department.

To request your student tour, please fill out this form completely and email to Underriner@moartdeland.org or mail to the museum located at 600 N. Woodland Blvd, DeLand, FL, 32720.

Contact Information Required for All Student Tours

Name and Position of Cont	act Person:		
Phone of Contact Person:		Cell:	
Email of Contact Person: _			
Today's Date:	Tour Date Requested:	Tour Start Time :	End Time:
Type of Museum Tour: _	Docent-led Tour (groups of	10 or more only)	Self-guided Tour
Please list any special needs, requests or considerations for members of your group:			
Student Tour Location.	Select all that apply.		
Museum of Ar	t 600 N. Woodland Blvd., DeLand		
Legendary Flo	orida Collection, Volusia County F	listoric Courthouse 120	0 W. Indiana Ave., DeLand
MoArt Downtown Gallery 100 N. Woodland Blvd. Suite #1, DeLand			
Check out the website: www.moartdeland.org for Exhibition Schedule			
Required Information for Student School Tour			
Name of School/Group:			
City:	State	:	Zip:
		School Phone:	
Public	Private	Parochial	Home School
		Number of Chaperones:	
(Please note, the maximum dents). Is there anything we s	number of students we can accommon hould know about your students or curr	odate is 60. We require one iculum in order to plan a suc	e Chaperone for every 10 stu- ccessful visit for your group?
Requ	vired Information for Group/	Organization Stude	ent Tour
Group/Organization Name:			
Address:			
City:	State	: <u></u>	Zip:
Number of: Adults	Children 12 and over	Childr	en under 12
Is there anything we shoul	d know about your members in orde	er to plan a successful vis	it for your group?











