



School Tours Registration Form

Teacher's Name _____ Grade _____ # of Students _____

School Name _____

School Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____

E-mail _____

Preferred Tour Date (see Museum hours, does not include Sat.) _____ Time _____

Conference Period _____

Stations Requested (see school tour options)

- 1.
- 2.
- 3.
- 4.
- 5.

Please describe any objectives or goals you have set for this visit.

Admissions: Students Free

Teacher's/Chaperones: Free

Mailing: The Museum of Western Art
PO Box 294300
Kerrville TX 78029
Number 830/896-2553
Fax 830/257-5206