



# SCHOOL TOUR REQUEST FORM

## Photographic Resource Center

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Please fill out the following information completely. Make a copy of the finished form for your records and mail or fax the original to the address noted below. Once the request is processed a confirmation letter will be sent to you confirming the date and time of your tour.

**Contact Information:**

Instructor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ School Fax Number: \_\_\_\_\_

**Tour Information:**

Grade Level(s): \_\_\_\_\_ Type of Class: \_\_\_\_\_

Number of Students (up to 20): \_\_\_\_\_ Number of Chaperones: \_\_\_\_\_

Please select the type of tour you are requesting:       Guided       Self-Guided

Are there any special needs for your group that we should consider, please explain: \_\_\_\_\_

Please list three choices of dates and times for your tour:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Is there anything else you would like for us to consider while planning your tour? \_\_\_\_\_

**Submit completed form to:** Photographic Resource Center at Boston University, ATTN: School Tours, 832 Commonwealth Avenue, Boston, MA 02215. Or fax to 617.975.0606.

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**For more information on School Tours please contact the PRC 617.975.0600 or [prc@bu.edu](mailto:prc@bu.edu)**