SCHOOL TOUR REQUEST FORM
Photographic Resource Center

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.

For more information on School Tours please contact the PRC  617.975.0600 or prc@bu.edu