

**FOR OFFICE USE**

**MUSEUM OF JEWISH HERITAGE -  
A LIVING MEMORIAL TO THE HOLOCAUST**

***School Group Tour Request***

Date:  
Database #:  
Invoice:  
Payment:  
Confirmation:  
Bus Confirmation:

**Today's Date:** \_\_\_\_\_

**How did you hear about the Museum?** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_

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

**School's Address:** \_\_\_\_\_

**School Phone:** (\_\_\_\_) \_\_\_\_\_ **School Fax:** (\_\_\_\_) \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Cell Phone:** (\_\_\_\_) \_\_\_\_\_

**Preferred Dates:** \_\_\_\_\_  
(Please provide 3 possible dates)

**Preferred Times:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Students:** \_\_\_\_\_ **Adults:** \_\_\_\_\_ **Total Group Size:** \_\_\_\_\_  
(Please note that we require one adult escort for every ten students)

**Organization Type:** Please check correct box

- Jewish Camp  NYC Public Camp  Other Camp  Parochial Camp  Private Camp  Family Group
- Interfaith Group  Church Group  Jewish School  College/ University
- NYC Public School  Other Public School  Parochial School  Independent School

**Tour Choice:** (See brochure or website for tour descriptions)

- Meeting Hate with Humanity  Love Thy Neighbor: Immigration and the US Experience
- My House to Your House  Israel and the Diaspora
- Coming of Age  Our Jewish Heritage
- Daring to Resist  Highlights of the Museum Collection
- Building a Bayit  Living Museum
- Sosua

**Transportation** to the Museum:  School Bus  Mass Transit  Other: \_\_\_\_\_

Are there any **special needs** we should know about?  No  Yes: \_\_\_\_\_

**Relevant background** that will have been covered in class prior to visit: \_\_\_\_\_

What **specific curriculum** issues/themes would you like addressed in your visit? \_\_\_\_\_