



GROUP VISIT REQUEST FORM

PLEASE PRINT CLEARLY and COMPLETE APPLICATION IN FULL

School Tour Information

Name of School _____

Address _____

City _____ State _____ Zip _____ County _____

Name of Teacher / Contact _____ Email _____

Teacher or Contact Phone _____ School Phone _____ School's Fax _____

Reservation Information

Please make reservations at least two weeks in advance. Your reservation is not confirmed until you received a written confirmation letter by fax or by mail.

Preferred date of visit _____ Alternate date _____

Group Size / Grade Level

Number of People @ \$5 per student _____ Number of Teachers & Chaperones @ free _____

Maximum - 70 and Minimum - 15 (not including adults). Chaperone to people ratio is 1:10

(Circle one or more) K 1 2 3 4 5 6 7 8 9 10 11 12 13+ ADULT

Lunch

Please check one ____ (Not Having Lunch 10 am to 12 pm) ____ (Having Lunch 10 am to 12:30pm)

Brown Bag Lunches are welcome. Please let us know if you would like to reserve space for your lunch.

Special Needs

Please describe any special needs your group may have.

Payment Information

Payment is due **ONE WEEK PRIOR** to your visit. Cash or check (payable to the American Indian Center, Inc.) If special arrangements are needed, please call (773) 275.5871

While visiting the American Indian Center, group adult chaperones and group leader/s are responsible for the children. Failure to adequately supervise children and individuals within the group may result in the tour termination for the day. The American Indian Center of Chicago is not responsible for accidents, injuries or loss of property.

Group Leader's Signature: _____ **Date:** _____

Are you interested in the Teachers/Educators workshops? (Circle one) Yes No

Please fax your request form to: (773) 275.5874, ATTN: Celeste St.Germaine or mail request form to:

American Indian Center, Inc 1630 W.Wilson Ave. Chicago, Illinois 60640

For further information please call Celeste at (773) 275.5871 ext.18 or email celeste@aic-chicago.org

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