



**REQUEST FOR DOCENT GUIDED TOUR**

Today's Date \_\_\_\_\_ Requested Date of Tour: \_\_\_\_\_

Name of Organization/Group \_\_\_\_\_

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

\_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Estimated number of visitors: \_\_\_\_\_ Adults \_\_\_\_\_ Children

The SBMA is handicapped accessible. Do members of your group require any special accommodations? If so, please specify:

\_\_\_\_\_

\_\_\_\_\_

**FEE**

Adults: \$5 each

Children: \$2 each

Payment may be made by check, made payable to South Bend Museum of Art or by credit card:

Visa     MasterCard     Discover     American Express

\_\_\_\_\_ Exp. Date \_\_\_\_\_

signature \_\_\_\_\_

Please return this completed form with payment to:

Mail to:

South Bend Museum of Art

120 S. Dr. Martin Luther King Jr. Blvd.

South Bend, IN 46601

Email to [info@southbendart.org](mailto:info@southbendart.org) or Fax to 574.235.5782