



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 or Fax to 574.235.5782