

FOR OFFICE USE

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

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

Youth Group Tour Request

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 circle.

- 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: Life During the Holocaust | Highlights of the Museum Collection |
| My House to Your House | Daring to Resist |
| Our Jewish Heritage | Living Museum |
| Love Thy Neighbor: Immigration and the US Experience | Building a Bayit |
| Coming of Age | Israel and the Diaspora |

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? _____