LYNDEN SCULPTURE GARDEN 2145 West Brown Deer Road Milwaukee, WI 53217

Tour Scheduler: 414-446-8481 or tours@lyndensculpturegarden.org

COLLEGE/UNIVERSITY TOUR REQUEST FORM

| Contact Information | | | | | |
|--------------------------|---------------------------|---------------|--------------|--------|----|
| Teacher Name: | | | | | |
| School Name: | | | | | |
| School Address: | | | | | |
| City/State/Zip: | | | | | |
| School Phone: | | _ School Fax: | | | |
| Contact Phone (best wa | ay to reach you if differ | ent): | | | |
| Email Address: | | | | | |
| Would you like to receiv | | | | _Yes _ | No |
| Tour Information | | | | | |
| No. of Students: | (min. 10, max. 120 | 0) | | | |
| No. of Instructors: | | | | | |
| Tour Date & Time | | | | | |
| Tour Date: | Tour Time: | | (1st choice) | | |
| Tour Date: | Tour Time: | | (2nd choice | | |
| Special Needs or Requ | uests: | | | | |
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