



SCHOOL PROGRAM Request Form *Minimum 2 weeks required to process

Group Information: Groups are defined as 10 or more people of any age. 1/25/12

Teacher name(s) _____ Teacher's home telephone _____
School _____ School tel. _____ FAX _____
Address _____ E-mail address _____
City, State, Zip _____ School city/county _____
Number of students _____ Grade _____ Focus/ Reason for visit _____

Name of tour requested:

- AUTO-biographies: Women, Minorities & Children
- Investigation Station (inventors & inventions)
- Automobiles in American Life
- Automobiles Then & Now

Choose One Classroom Project:

- Creative stories from old photos
- Logo to Go – car emblems
- Postcards using custom car stamps

Program Modifications _____

Please reserve the following date: Mon. Tue. Wed. Thu. Fri (Please circle)
① First Choice Date _____ time _____ ② Second Choice Date _____ time _____

Please identify any special needs _____

Cancellations or changes in student count: Please contact Group Sales so we may have the appropriate number of Museum Presenters for your group at least 24 hours prior to your arrival.

Payment? Please pay upon arrival.

Parking? Parking is **FREE**.
There is a special lot available for buses on the far left side of the building.

Mail completed form to:

Group Sales
AACAMuseum
161 Museum Drive
Hershey PA 17033
Phone: 717-566-7100 Fax 717-566-7300
e-mail: mpatterson@aacamuseum.org

EDUCATION GROUP ADMISSION FEE

_____ @ \$0 = _____ ONE FREE Teacher/Chaperone
For everyone 10 students

_____ @ \$5 = _____ adults teacher/chaperone

_____ @ \$5 = _____ students

_____ TOTAL Amount

.....OFFICE USE
ONLY.....

Arrangements confirmed by E-mail by telephone _____ date _____ by _____
Number of Museum Presenters needed _____ Request Form Submitted _____
Remarks _____