



# School / Youth Group Visit Request

Please tell us about your school / youth group.

School / Organization Name:

Address:

Zip code:

Total Group Size:

# of Teens:

# of Chaperones:

Grade Level:

School Type:

Public

Private

Parochial

Home School

Any special needs that you would like us to be aware of:

## Group Leader Information

First Name:

Last Name:

Email:

Telephone/Mobile:

Visit Information:

Group visit request date:

Alternative visit request date:

Type of visit:

GUIDED

UNGUIDED

For guided visits, a gallery educator will contact you two weeks in advance to discuss the visit.  
All groups must register their visit.

How did you hear about The Wallach Art Gallery?

The Wallach Website

Word of Mouth

Facebook

Other / Please specify:

Please return the completed form via email to [WAG\\_Programs@columbia.edu](mailto:WAG_Programs@columbia.edu).  
We require one chaperone for every ten students.