School Group Visit Request Form

2017-2018 School Year

The Carrie M. McLain Memorial Museum encourages visitation and partnerships between the museum and academic institutions and youth groups within the region to advance educational goals. For this purpose, the City of Nome offers a fee waiver to participating schools and youth groups to visit the museum.

Requests for group visitation should be requested in advance. We recommend making requests 2 months in advance of desired date, with a minimum of 2 weeks' notice. Requested dates/times are not guaranteed through this form. We will contact you within 3-5 business days to communicate about your desired visit.

The museum will gratefully accept a donation of educational group fees at $3 per student. Fees can be paid by credit card upon arrival at the museum. We request no more than 30 students at a time.

This request form entitles the group use of the museum for tours, teacher-guided experiences, and hands-on activities. Co-development of programs is also encouraged.

Please email completed form to: Jack Omelak jomelak@nomealaska.org or call 907-443-6629 for more information.

Name ___________________________________________  Email ___________________________________________

Phone Number ___________________________________  School/Organization ______________________________

Additional Teachers _________________________________________________
(If scheduling for another teacher or teacher(s) please provide their name(s))

Grade(s) ______________________________________________  Estimated number of students _______________________

Preferred date ________________________________________________  Alternate date(s) _______________________________
(Museum visits are available Tuesday-Friday)

Preferred arrival time ____________________________________________  Departure time ________________________________
(Earliest arrival time is 12:00 pm. We suggest arrival at 12:00 pm or 1:30pm)  (Latest departure is 6:00 pm.)

Number of adult chaperones ____________________________  Number of classes attending _______________________

Please complete if booking for another teacher

Does your organization request a fee waiver for this visit? ____________

Learning objectives and how can we help?
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________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________________

Amended 9/17