

**wexner center**  
for the arts

**GROUP TOUR RESERVATION FORM**

**Complete this form and send by mail or fax to:**

Wexner Center Education Department  
1871 North High Street  
Columbus OH 43210-1393  
FAX: (614) 247-6777

**Questions?**  
Please call  
(614) 292-6493

Name (Contact Person): \_\_\_\_\_

Organization / University Class: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Organization Phone / Fax: \_\_\_\_\_

Contact Person's Phone: \_\_\_\_\_

Number in Group: \_\_\_\_\_

Tour Date / Time Requested: \_\_\_\_\_

Alternative Dates / Times: \_\_\_\_\_  
(please provide two)

Title of Exhibition(s): \_\_\_\_\_

Transportation (circle):      **Bus**                  **Van**                  **Car**  
(so that we can provide parking instructions)

Information about your group and any special requests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you for your interest in the Wexner Center and our exhibitions.**  
**We will contact you by phone or e-mail to confirm your tour reservation.**

group tours