Educational Pass - Retain this side or copy for Museum

This pass is provided for educators and their students who attend the Museum to fulfill a class requirement. Educators must provide the following information and give a copy of the pass to all students who will need access.

Educator Name:__________________________________________

Institution:_____________________________________________

Address:________________________________________________

City, State, Zip:_________________________________________

Email:____________________________________________________

Phone:_________________________Educational Level(s)_________

Course Name:____________________________________________

Dates:____________________________________________________
Please indicate a range if applicable. i.e. Jan 1 – May 1, 2017

Educator Signature:_______________________________________

□ Please add me to your email list.