



# Sponsored Visit Request Form

Today's Date					
Contact Person					
Phone Number					
E-mail					
Organization's Name					
Organization's Address	Street	City	State	Zip Code	
<i>Below please give a brief description of your organization, the population you serve and how your organization will benefit from visiting Boston Children's Museum.</i>					
Number of Students		Date request	First Choice	Second Choice	Third choice
Number of Adults		Time request			
Grade Levels		Office Use only	Date approved	Amount of Passes	

**A copy of your Organization's Tax Exempt form must be attached to this request.-No Exceptions**

All requests must be submitted (4) weeks in advance of the requested date. **No Exceptions** - Your organization may only submit one request per every 12-month period. Please note that sending in a request does not grantee your Organization a free visit. All requests are subject to availability.

For questions please contact Group Visits at 617.426.6500 ext.405 or e-mail [groupvisit@BostonChildrensMuseum.org](mailto:groupvisit@BostonChildrensMuseum.org)  
 Boston Children's Museum  
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 Boston, MA 02210