



POLK COUNTY HISTORICAL SOCIETY

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GROUP VISITOR REQUEST FORM

Date: _____

Arranged by: _____

Office use only:

Type of group (select one): ☐ School ☐ Senior ☐ Civic
☐ Family ☐ Museum ☐ Other: _____

Total number in group: _____

Requested site visit (select all that apply): ☐ Polk County Museum ☐ Brunk House

Requested tour date: _____ Requested tour time: _____

Group/School name: _____

Address: _____

Contact person: _____

Contact phone: _____ Contact email: _____

School Groups Only

Age range of students: _____

Number of students: _____ Number of teachers/chaperones _____

NOTE: Teachers/chaperones are free of charge. Students are \$2 each.

Does your group have any special needs? _____

Are there any areas of interest you want PCHS docents to address? _____