



AFRICAN AMERICAN MUSEUM  
GROUP TOUR & FIELD TRIP RESERVATION

All groups must be pre-registered and pre-paid two weeks prior to a scheduled visit.

**Tours will be subject to cancellation IF NOT PAID PRIOR TO SCHEDULED VISIT**

**Due to COVID Restrictions and in a continued effort to keep our staff, volunteers & visitors safe we are not accepting reservations for group tours of more than 40 at this time. Mask are optional**

**Payment is non-refundable.** All cancellations can be rescheduled by calling Daphne Stephenson Baty: 214-565-9026, Ext. 311 or email: dstephenon@aamdallas.org

**GROUP TOURS are approximately 45 minutes to an hour. Docent guided tours may be scheduled Tuesday - Friday between the hours of 10:00 a.m. - 3:00 p.m.; Saturdays between the hours of 10:30 a.m. - 3:30 p.m.**

Name of School/Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ phone # \_\_\_\_\_

Email: \_\_\_\_\_

Alternate Contact Person \_\_\_\_\_ phone # \_\_\_\_\_

Email: \_\_\_\_\_

Date(s) of Tour: Date \_\_\_\_\_ Time \_\_\_\_\_  Docent Guided  Self-guided

2nd choice: Day Date \_\_\_\_\_ Time \_\_\_\_\_  Docent Guided  Self-guided

# of Students under 18 \_\_\_\_\_ age(s) \_\_\_\_\_ \$ \_\_\_\_\_ # of Adults \_\_\_\_\_

\$ \_\_\_\_\_

Total Due \$ \_\_\_\_\_

Special needs \_\_\_\_\_

**ADMISSION: FOR GROUPS OF 10 OR MORE:**

**Docent Guided tours for groups of 10 or more: \$10 for adults (18 and over)  
\$5 for youth ages (9-17) and 65+ yrs**

**Self-Guided and Walk-In Tours: \$5 for adults (18 and over)  
\$3 for youth ages (9-17) and 65+ yrs**

**Field Trip Chaperone Requirements**

**\* PLEASE NOTE: At this time GUIDED TOURS are only offered for Grades 4 & up: 1 chaperone required per every 10 students.**

1. Please sign and return a copy of the tour request form. You may email to: [dstephenon@aamdallas.org](mailto:dstephenon@aamdallas.org) or fax 214-421-8204
2. Payment must be made two weeks prior to the scheduled tour.
3. Cancellations wanting to reschedule must be called in prior to original tour date at 214-565-9026, Ext. 311
4. Enclosed is my check for \$ \_\_\_\_\_ made payable to: **African American Museum - TOUR**
5. Please charge \$ \_\_\_\_\_ to my:  VISA  MasterCard  American Express  Discover
6. Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
CVV \_\_\_\_\_
7. Name on Account \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

**\*\*For additional information please email: dstephenon@aamdallas.org\*\***

8. Mail completed form and payment to: African American Museum (TOURS) \* P.O. Box 150157 \* Dallas TX  
75315

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**Representative Signature**

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**Date**

**\*\*For additional information please email: [dstephenson@aamdallas.org](mailto:dstephenson@aamdallas.org)\*\***