

GENERAL ADMISSION TOUR (Kennedy and GWB)																			
Type of group:	Select: School Church Civic Tour Group Other																		
Has your group visited before?	Select: Yes No																		
Mailing Address: (City, State, Zip Code)	Fill in the blank																		
Daytime Phone Number:	Fill in the blank																		
Type of tickets requested:	Fill in the blank																		
Questions or comment:	Fill in the blank																		
EDUCATION TOUR / SITUATION ROOM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB)																			
Confirm number participants and chaperones:	Fill in the blank																		
Date of visit? Select date:	Fill in the blank																		
What time will participants arrive for the Situation Room Experience? The Situation Room Experience is two and a half full hours. Please plan to spend at least THREE HOURS in the simulation.	Fill in the blank																		
What time will participants arrive for the Situation Room Experience? The Situation Room Experience is three full hours (half-day). Please plan to spend at least FOUR HOURS in the simulation.	Fill in the blank																		
What time will students arrive? Select time:	Fill in the blank																		
What time will participants arrive? Select time:	Fill in the blank																		
Self-guided Presidential Library Tour																			
Check the box																			
Docent-led Presidential Library Tour																			
Check the box																			
Guided-School Program																			
Check the box																			
Museum-Educator Program																			
Check the box																			
Transportation to museums:	Select: Bus Car Bus and Car																		
Will you need a bus scholarship?	Select: Yes No																		
We are happy to offer financial assistance. Will you be requesting funding?	Select: Yes No																		
Actual bus cost estimate:	Fill in the blank																		
Statement of financial need from the school principal:	Essay response																		
Teacher signature:	Sign and Date																		
Principal signature:	Sign and Date																		
Lunch plans:	Select: Bring Sack-Lunch No Lunch Pre-order Box Lunch Cafe & Pub Buffet																		
Executive lunch plans:	Select: No Lunch Pre-order Box Lunch Cafe & Pub Buffet																		
On-site contact name: (first and last)	Fill in the blank																		
On-site contact cell:	Fill in the blank																		
On-site contact e-mail:	Fill in the blank																		
Independent home school:	Select: Yes No																		
Region:	Fill in the blank																		
School district:	Fill in the blank																		
Type of school:	Select: Charter Private Public Other																		
Organization name:	Fill in the blank																		
Organization address: (street number and name, city, state, and zip code)	Fill in the blank																		
Organization website:	Fill in the blank																		
Principal or head of organization name: (first and last)	Fill in the blank																		
Principal or head of organization direct number:	Fill in the blank																		
Principal or head of organization e-mail address:	Fill in the blank																		
Is there anything special we should know about your group?	Fill in the blank																		
Do you need meeting space?	Select: Yes No																		
Field trip confirmation number:	Fill in the blank																		
Agenda:	Fill in the blank																		
Pre-packet sent:	Check the box																		
Representative submitted signed policy and use agreement.	Check the box																		
RESEARCH PROGRAM QUESTIONS (NYC)																			
Date of visit:	Fill in the blank																		
Expected time of arrival?	1st choice: 2nd choice: 3rd choice:																		
Duration of visit:	Fill in the blank																		
Number of students:	Fill in the blank																		
Number of educators and chaperones:	Fill in the blank																		
Grade level:	Fill in the blank																		
Type of class: (history, research, civics, language arts, other)	Fill in the blank																		
Location of program:	Select: On-site Off-site																		
Topic selection:	Select: Immigration World War II The Bill of Rights Inventions Desegregation Genealogy Civil Rights The New Deal Women's Rights Copyright Court Cases Labor Prohibition Cold War Great Depression Maritime Photographs Civil War The Constitution Disaster at Sea Entertainment Other																		
Teacher's name:	Fill in the blank																		
School name:	Fill in the blank																		
Street address:	Fill in the blank																		
City:	Fill in the blank																		
State:	Fill in the blank																		
Zip code:	Fill in the blank																		
E-mail:	Fill in the blank																		
School phone number:	Fill in the blank																		
Cell phone to reach you if needed the day of the visit:	Fill in the blank																		
Would you like to receive the Education Updates Blog from the National Archives?	Select: Yes No																		
TRAVELING TRUNK PROGRAM (Reagan and GWB)																			

Traveling Trunks may be rented for 2 week or 4 weeks by an educator, administrator, or school district:									
Select:	One week	Two Weeks	Four Weeks						
Pick-up or ship:	Select:	Pick-up	Ship						
Payment method:	Select:	Check	Credit Card						
Payment information (name, credit card number, expiration date, security code, account number, routing number)									
Fill in the blank									
Billing address: (street number and name, city, state, and zip code)									
Fill in the blank									
Shipping address: (street number and name, city, state, and zip code)									
Fill in the blank									
EDUCATOR WORKSHOP QUESTIONS (Reagan)									
Can you attend?									
Select:	Yes, I'll be there	No, I cannot attend							
Full name:	Fill in the blank								
First name:	Fill in the blank								
Last name:	Fill in the blank								
E-mail address:	Fill in the blank								
Phone number:	Fill in the blank								
How many persons will attend?									
Fill in the blank									
What company or school are you associated with?									
Fill in the blank									
What is the name of the school or organization where you teach?									
Fill in the blank									
If you are an educator, what grade levels do you teach?									
Fill in the blank									
How did you hear about this event?									
Fill in the blank									
FILM THIS! QUESTIONS (Reagan) (ages 14 - 19)									
Student Name									
Fill in the blank									
I am interested in attending:									
Select:	Session A	Session B							
Paid or Scholarship	Select:	Paid	Scholarship						
Student email	Fill in the blank								
Parent email	Fill in the blank								
Parent Signature	Sign and Date								
Student Signature	Sign and Date								
Media Seminar	Essay response								
Write one paragraph describing your experience with film and media.									
Essay response									
Describe your reasons for needing financial assistance.									
Essay response									
How much of the amount are you able to pay?									
Essay response									
Which session would you prefer?									
Essay response									
ONLINE / DISTANCE LEARNING QUESTIONS (Reagan)									
What are the names of people attending webinar?									
Fill in the blank									
What is your school name and field trip date?									
Fill in the blank									
Which session date do you plan to attend?									
Date is selected from a drop down menu of options.									
What is your email address?									
Fill in the blank									
PROFESSIONAL DEVELOPMENT WEBINAR (Archives 1 and Seattle)									
Teacher Name									
Fill in the blank									
Title									
Fill in the blank									
Phone Number									
Fill in the blank									
Education Institution/Organization Name									
Fill in the blank									
Address 1									
Fill in the blank									
Address 2									
Fill in the blank									
City									
Fill in the blank									
State									
Fill in the blank									
Zip									
Fill in the blank									
Select a Distance Learning Program									
National History Day & Online Catalog Using & Creating DocTeach Activities									
Bringing Native American Voices into your Classroom									
Select a Time Zone	Alaska Standard Time	Atlantic Standard Time	Central Standard Time	Eastern Standard Time	Hawaii-Aleutian Standard Time	Mountain Standard Time	Pacific Standard Time		
Connection Preference	Select:	Webcam/Computer/Desktop Web Conferencing Software	Traditional Video Conferencing Equipment (IP (H.323) Connection)	Unsure					
Preferred Date 1	Fill in the blank								
Preferred Time 1	Fill in the blank								
Preferred Date 2	Fill in the blank								
Preferred Time 2	Fill in the blank								
Preferred Date 3	Fill in the blank								
Preferred Time 3	Fill in the blank								
Number of Participants	Fill in the blank								
Occupation	Fill in the blank								
Grade Level	Select:	K-2	3-5	6-8	9-12	Higher Education	Other		
Special Accommodations	Select:	Yes	No						
Space to write in any special accommodations.									
Comment or Questions									
Space to write in any comments or questions.									
Connect with the National Archives									
Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?									
Select:	Yes	No							
Would you like to receive emails about upcoming distance learning programs?	Select:	Yes	No						
K-12 DISTANCE LEARNING PROGRAMS (Archives 1 and Fort Worth)									
Teacher Name									
Fill in the blank									
Title									
Fill in the blank									
Phone Number									
Fill in the blank									

Education Institution/Organization Name	Fill in the blank													
Address 1	Fill in the blank													
Address 2	Fill in the blank													
City	Fill in the blank													
State	Fill in the blank													
Zip	Fill in the blank													
Select a K-12 Distance Learning Program	<input type="radio"/> Our Classroom Bill of Rights (For Grades K-2) <input type="radio"/> Superhero Bill of Rights (For Grades 3-5) <input type="radio"/> The Bill of Rights in Real Life (For Grades 6-8) <input type="radio"/> Know Your Rights (For Grades 9-12)													
Select a Time Zone	<input type="radio"/> Alaska Standard Time <input type="radio"/> Atlantic Standard Time <input type="radio"/> Central Standard Time <input type="radio"/> Eastern Standard Time <input type="radio"/> Hawaii-Aleutian Standard Time <input type="radio"/> Mountain Standard Time <input type="radio"/> Pacific Standard Time													
Connection Preference	<input type="checkbox"/> Webcam/Computer/Desktop Web Conferencing Software <input type="checkbox"/> Traditional Video Conferencing Equipment/IP (H.323) Connection <input type="checkbox"/> Unsure													
Preferred Date 1	Fill in the blank													
Preferred Time 1	Fill in the blank													
Preferred Date 2	Fill in the blank													
Preferred Time 2	Fill in the blank													
Preferred Date 3	Fill in the blank													
Preferred Time 3	Fill in the blank													
Number of Participants	Fill in the blank													
Number of Students	Fill in the blank													
Grade Level	<input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12													
Type of Class (U.S. History, Civics, Language Arts, etc.)	Fill in the blank													
Special Accommodations	<input type="checkbox"/> Yes <input type="checkbox"/> No Space to write in any special accommodations.													
Comment or Questions	Space to write in any comments or questions.													
Connect with the National Archives	<input type="checkbox"/> Yes <input type="checkbox"/> No Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?													
Would you like to receive emails about upcoming distance learning programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
PRIMARYLY TEACHING														
Name	Fill in the blank													
Phone Number	Fill in the blank													
Title	Fill in the blank													
Email Address	Fill in the blank													
Education Institution/Organization Name	Fill in the blank													
Home Mailing Address 1	Fill in the blank													
Home Mailing Address 2	Fill in the blank													
City	Fill in the blank													
State	Fill in the blank													
Zip	Fill in the blank													
School Name	Fill in the blank													
School City	Fill in the blank													
School State	Fill in the blank													
School Zip	Fill in the blank													
Research Interest	Select a NARA Location (Dates of Primarily Teaching will be dictated by respective location.) <input type="checkbox"/> Select from drop down options. Research Interest (Your topic of independent research must use original records among the holdings of the National Archives. Keeping the guidelines from the workshop overview in mind, identify and independent research topic of interest to you. Be as specific as possible. You may choose to continue independent research on the case study. Space to write in research interest.													
Primarily Teaching Application Agreement	<input type="checkbox"/> Yes <input type="checkbox"/> No I have read and agree to the Primarily Teaching Application.													
Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
Would you like to receive emails about upcoming distance learning programs?	<input type="checkbox"/> Yes <input type="checkbox"/> No													
LEARNING LAB REGISTRATION (ARCHIVES 1)														
Teacher's Name	Fill in the blank													
Title	Fill in the blank													
Email	Fill in the blank													
Phone Number	Fill in the blank													
Cell Phone Number (Required for Day of Visit)	Fill in the blank													
Fax Number	Fill in the blank													
School Name	Fill in the blank													
Address 1	Fill in the blank													
Address 2	Fill in the blank													
City	Fill in the blank													
State	Fill in the blank													
Zip	Fill in the blank													
Preferred Date 1	Fill in the blank													
Select a Program Time and Time 1	<input type="checkbox"/> Constitution in Action Lab-One Session 10:00 a.m.-12:00 p.m. <input type="checkbox"/> Constitution in Action Lab-One Session 12:30 p.m.-2:30 p.m. <input type="checkbox"/> Constitution in Action Lab-Two Sessions (in rotation from 9:50 a.m. to 2:30 p.m.) <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-One Session 11:00 a.m.-12:00 p.m. <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-One Session 12:30 p.m.-1:30 p.m. <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-One Session 2:00 p.m.-3:00 p.m. <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-Two Sessions (in rotation from 10:50 a.m. to 1:30 p.m.) <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-Two Sessions (in rotation from 12:30 a.m. to 3:00 p.m.) <input type="checkbox"/> The Civil War: Celebrate or Commemorate?-Two Sessions (in rotation from 10:50 a.m. to 3:00 p.m.) <input type="checkbox"/> Rights and Responsibilities-One Session 11:00 a.m.-12:00 p.m. <input type="checkbox"/> Rights and Responsibilities-One Session 12:30 p.m.-1:30 p.m. <input type="checkbox"/> Rights and Responsibilities-One Session 2:00 p.m.-3:00 p.m. <input type="checkbox"/> Rights and Responsibilities-Two Sessions (in rotation from 10:50 a.m. to 1:30 p.m.) <input type="checkbox"/> Rights and Responsibilities-Two Sessions (in rotation from 12:30 p.m. to 3:00 p.m.) <input type="checkbox"/> Rights and Responsibilities-Two Sessions (in rotation from 10:50 a.m. to 3:00 p.m.)													

Preferred Date 2												
Fill in the blank												
Select a Program Time and Time 2												
See options to select from under: Select a Program Time and Time 1												
Preferred Date 3												
Fill in the blank												
Select a Program Time and Time 3												
See options to select from under: Select a Program Time and Time 1												
Number of Students												
Fill in the blank												
Number of Teachers												
Fill in the blank												
Number of Other Chaperones (We ask that there be one chaperone for every 10 students.)												
Fill in the blank												
Total Number of Attendees												
Fill in the blank												
Grade Level												
Select: K 1 2 3 4 5 6 7 8 9 10 11 12												
Type of Class (U.S. History, Civics, Language Arts, etc.)												
Fill in the blank												
Special Needs Accommodations												
Select: Yes No												
Space to write in any special accommodations.												
Applicant Agreement												
Check:												
I have read and agree to the terms of the Pre-Visit Preparation and Requirements, and my students will be prepared for their visit. I understand I may bring no more than 36 students per lab session.												
Visits to the Rotunda and other exhibition areas are not part of the lab experience. I must allow more time if I want my students to visit these spaces.												
Would you like to receive emails about new teaching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog?												
Select: Yes No												
Would you like to receive emails about upcoming distance learning programs?												
Select: Yes No												
GROUP TOUR AND FIELD TRIP RESERVATIONS (LB)												
Group Type												
Are you a:												
Select: Pre-K-12 Group College/University General Group												
(Pre-K-12) Tell Us About Your Visit												
Name of School or Group												
Fill in the blank												
Name of Tour Company (if applicable)												
Fill in the blank												
Preferred Visit Date												
Fill in the blank												
Alternative Visit Date												
Fill in the blank												
If you are planning to visit over the course of multiple days, please indicate below. Number of Students (15 minimum, 60 maximum)												
Fill in the blank												
Grade Level(s)												
Fill in the blank												
Ages of Students												
Fill in the blank												
Number of School Staff. Please include bus driver(s) and/or coordinator.												
Fill in the blank												
Number of Other Adult Chaperones												
Fill in the blank												
How would you like to spend your time at the library? (1) Our immersive classroom experiences take place in the Lady Bird Education Center, located on the second floor of the LBI Library. Each experience is hands-on giving students the opportunity to work with our primary resources from our archives or with artifacts from our museum collection.												
Guided tour, no immersive classroom experience												
Preferred Start Time												
Select: 9:30 a.m. 11:30 a.m. 1:30 p.m. 2:30 p.m.												
Alternative Start Time												
Fill in the blank												
Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)												
Fill in the blank												
Guided tour with immersive classroom experience												
Preferred Start Time												
Select: 9:30 a.m. 11:30 a.m. 1:30 p.m.												
Which immersive classroom experience would you like to participate in? A tour is included with each experience. (Note(s): 1) The tour portion of your visit is self-guided. The classroom experience is facilitated and led by an LBI Library Education Specialist. 2) Please visit our Education page to learn more about each of our experiences.												
Dropdown: The Spy's Dilemma(LB) and the Cold War Program and Tour (2-3 hours) Vietnam: A Presidential Decision Program and Tour (3-4 hours) A Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours) A Matter of Civil Rights Program and Tour (2 hours) Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours) Election Collection Program and Tour (2-2.5 hours)												
Self-guided tour, no immersive classroom experience												
Preferred Start Time Please select a time between 9:30 a.m.-3:30 p.m.												
Fill in the blank												
Alternative Start Time												
Fill in the blank												
Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)												
Fill in the blank												
Self-guided tour with immersive classroom experience												
Preferred Start Time Please select a time between 9:30 a.m.-3:30 p.m.												
Fill in the blank												
Which immersive classroom experience would you like to participate in? A tour is included with each experience. Please visit our Education page to learn more about each of our experiences. Self-guided tour with immersive classroom experience												
Dropdown: The Spy's Dilemma(LB) and the Cold War Program and Tour (2-3 hours) Vietnam: A Presidential Decision Program and Tour (3-4 hours) A Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours) A Matter of Civil Rights Program and Tour (2 hours) Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours) Election Collection Program and Tour (2-2.5 hours)												
College/University Group												
Name of School or Group												
Fill in the blank												
Name of Tour Company (if applicable)												
Fill in the blank												
Preferred Visit Date												
Fill in the blank												
Alternative Visit Date												
Fill in the blank												
If you are planning to visit over the course of multiple days, please indicate below.												
Fill in the blank												
Number of Students (60 maximum)												
Fill in the blank												
Number of faculty/staff and bus driver(s)												
Fill in the blank												
How would you like to spend your time at the library?												
Immersive classroom experience only, no tour												
Which immersive classroom experience would you like to participate in? Please visit our Education page to learn more about each of our experiences.												
Dropdown: Vietnam: A Presidential Decision Program and Tour (3-4 hours) A Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours) A Matter of Civil Rights Program and Tour (2 hours) Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours) Introduction to Holdings and Tour (2-3 hours)												
Guided tour, no immersive classroom experience												
Preferred Tour Start Time												
Select: 9:30 a.m. 11:30 a.m. 1:30 p.m. 2:30 p.m.												
Alternative Start Time												
Fill in the blank												
Preferred Length of Tour (typical tour is 90 minutes)												
Fill in the blank												
Guided tour, with immersive classroom experience												
Preferred Tour Start Time												
Select: 9:30 a.m. 11:30 a.m. 1:30 p.m.												
Which immersive classroom experience would you like to participate in? Please visit our Education page to learn more about each of our experiences.												
Dropdown: Vietnam: A Presidential Decision Program and Tour (3-4 hours) A Civil Rights Investigation: Mississippi Burning Program and Tour (1-1.5 hours) A Matter of Civil Rights Program and Tour (2 hours) Great Society Program and Tour (2-3 hours) Election Collection Program and Tour (2-2.5 hours) Introduction to Holdings and Tour (2-3 hours)												
Self-guided tour, no immersive classroom experience												
Preferred Start Time Please select a time between 9:30 a.m.-3 p.m.												
Fill in the blank												
Alternative Start Time												
Fill in the blank												
Preferred Length of Tour (typical tour is 90 minutes)												

Actual bus cost estimate:																											
Address 1																											
Address 2																											
Home Mailing Address 1																											
Home Mailing Address 2																											
Mailing Address (City, State, Zip Code)																											
Organization address: (street number and name, city, state, and zip code)																											
Busset address:																											
Busset Agreement Check																											
Can you attend? Yes, I'll be there No, I cannot attend																											
Cell Phone Number (required by Day of Visit)																											
Cell phone to reach you if needed the day of the visit?																											
Day of Contact Phone Number (cell phone preferred)																											
City																											
Comment or Questions																											
Connection Preference: Webcam/Computer/Desktop Web Conferencing Software Traditional Video Conferencing Equipment (H.323) Connection																											
Date of visit or Date of visit: Fill in the blank or select date																											
Preferred Date 1																											
Preferred Date 2																											
Preferred Date 3																											
Preferred Time 1																											
Preferred Time 2																											
Preferred Time 3																											
Preferred visit date																											
Alternate visit date																											
If you are planning to visit over the course of multiple days, please indicate below. Number of Students (15 minimum, 60 maximum)																											
Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)																											
Preferred Start Time Please select a time between 9:30 a.m.-3:30 p.m.																											
Daytime Phone Number:																											
Phone Number (Direct line or cell phone preferred)																											
Describe your reasons for needing financial assistance.																											
Do you need meeting space? Yes No																											
Docent-led Presidential Library Tour? Museum Special Exhibit Park																											
Duration of visit:																											
E-mail address or Email address:																											
E-mail or email:																											
What is your email address?																											
Education Institution/Organization Name																											
Organization name:																											
What is the name of the school or organization where you teach?																											
What is your school name and field trip date?																											
Name of School or Group																											
Name of Tour Company (if applicable)																											
School name:																											
What company or school are you associated with?																											
Catered lunch plans? No Lunch Pre-order Box Lunches Cafe & Pub Buffet																											
Lunch plans: Bring Pack-Lunches No Lunch Pre-order Box Lunches Cater-in																											
Expected time of arrival?																											
Fax Number:																											
Field trip confirmation number:																											
Field name:																											
Full name:																											
Last name:																											
Name																											
Grade level: K 1 2 3 4 5 6 7 8 9 10 11 12																											
Grade level(s): Fill in the blank																											
Age of Student:																											
If you are an educator, what grade levels do you teach?																											
Guided School Program Check the box																											
Has your group visited before?																											
Have you brought students for a guided program? (Which one?)																											
Have you ever visited the museum?																											
How did you hear about this event?																											
How did you learn about this program?																											
How many persons will attend?																											
How much of the amount are you able to pay?																											
How would you like to spend your time at the library? (7) Our immersive classroom experiences take place in the Lady Bird Education Center, located on the second floor of the LBJ Library. Each experience is hands-on giving students the opportunity to work with our primary resources from our archives or with artifacts from our museum collection.																											
I am interested in attending Session A Session B																											
I have read and agree to the Primary Teaching Application. Yes No																											
If you have been in touch with a specific LBJ Library contact, please include their name below:																											
Independent home school? Yes No																											
Is there anything special we should know about your group?																											
Location of program: On-site Off-site																											
Museum/Educator Program Check the box																											
Confirm number participants and chaperones: Pre-K K - 2nd 3rd - 5th grade 6th - 8th grade 9th grade 10th grade 11th grade 12th grade Undergraduate Graduate Educator Chaperone Parent Adult Participants or Pre-K Kindergarten 1st - 5th grade 6th - 8th grade 9th grade 10th grade 11th grade 12th grade Undergraduate Graduate Educator Chaperone Parent Adult Participants																											
Number of Other Chaperones (We ask that there be one chaperone for every 10 students.)																											
Number of Educators and Chaperones																											
Number of Participants																											
Number of Students																											
Number of Students (60 maximum)																											
Number of Teachers																											
What are the names of people attending webinar?																											
Number of School Staff: Please include bus drivers) and/or coordinator:																											
Number of Other Adult Chaperones																											
Number of Tour Directors (as Group Leaders) and Bus Drivers) (Free admission)																											
Number of Adults (Admission \$7)																											
Number of Seniors (Admission \$1)																											
Number of Youth (13-17) (Admission \$3)																											
Number of Children (12 and under) (Free admission)																											
Number of Rep./UT Austin College/University Students (Admission \$3)																											
Number of UT Austin Students, Staff, and Faculty (Free admission)																											
Number of Active Duty Military (Free admission)																											
Number of Former Military (Admission \$5)																											
Number of LBJ Library Members and Other NARA Presidential Library Members (Free admission)																											
Occupation																											
On-site contact cell:																											
On-site contact e-mail:																											
On-site contact name: (first and last)																											
Day of Contact First Name:																											
Day of Contact Last Name:																											
Day of Contact Email Address:																											
Day of Contact Phone Number (cell phone preferred)																											
Main Contact First Name																											
Main Contact Last Name																											
Main Contact Person Title:																											
Organization website:																											
On the day of your visit, will there be a different point of contact? Yes No																											
Paid or Scholarship: Paid Scholarship																											
Parent email:																											
Parent Signature:																											
Payment information (name, credit card number, expiration date, security code, account number, routing number)																											
Payment method: Check Credit Card																											
Billing address: (street number and name, city, state, and zip code)																											
Shipping address: (street number and name, city, state, and zip code)																											
Pick-up or ship: Pick-up Ship																											
Principal or head of organization direct number:																											
Principal or head of organization e-mail address:																											
Principal or head of organization name: (first and last)																											
Principal signature:																											
Questions or comment:																											
Region:																											
Research Interest (Your topic of independent research must use original records among the holdings of the National Archives. Keeping the guidelines from the workshop overview in mind, identify and independent research topic of interest to you. Be as specific as possible. You may choose to continue independent research on the case study. Space to write in research interest.																											
School city:																											
School district:																											
School phone number:																											
School state:																											
School zip:																											
Select a Distance Learning Program: National History Day & Online Catalog Using & Creating DocTeach Activities Bringing Native American Voices into your Classroom																											
Select a K-12 Distance Learning Program Our Classroom Bill of Rights (For Grades K-2) Superhero Bill of Rights (For Grades 3-5) The Bill of Rights in Real Life (For Grades 6-8) Know Your Rights (For Grades 9-12)																											
Select a NARA Distance Learning Program: The Bill of Rights in Real Life (For Grades 6-8)																											
Select a Program Time and Time 2 See options to select from under: Select a Program Time and Time 1																											
Select a Program Time and Time 3 See options to select from under: Select a Program Time and Time 1																											
Select a Time Zone Alaska Standard Time Atlantic Standard Time Central Standard Time Eastern Standard Time Hawaii-Aleutian Standard Time Mountain Standard Time Pacific Standard Time																											
Special Accommodations: Yes No																											
Special Needs Accommodations: Yes No Space to write in any special accommodations.																											
Additional Comments include any specific day of needs, ADA accommodations, or more.																											
State:																											
Statement of financial need from the school principal:																											
Student email:																											
Student Name:																											
Student Signature:																											
Teacher Name or Teacher's name:																											
Teacher signature:																											

