GENERAL ADMISSION TOUR (Kennedy and Type of group: Select: School	GWB)																				
Select: School Has your group visited before? Select: Select: Yes Mailing Address: (City, State, Zip Code)	Church	Civic	Tour Group	Other																	
Select: Yes	No																				
Fill in the blank Daytime Phone Number:																					
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Fill in the blank: Type of tickets requested: Fill in the blank: Adult Questions or comment:																					
Fill in the blank: Adult	Senior (62+)	Youth (13 - 17)	Children (5 - 12)	Child (5 - 12)	Infant	Military (Retired)	Military (Veteran)	Military (Active Duty)	(Insert Affiliated University Name) Student, Faculty, ar	College Studen	t (Non-Insert /	Affiliated University Name)	T								<u> </u>
Fill in the blank													_								
EDUCATION TOUR / SITUATION ROOM EXP Confirm number participants and chapero	ERIENCE / BUS SCH	OLARSHIP REQUES	T (Kennedy, Reag	an and GWB)																	
Fill in the blank: Pre-K	Kindergarten	1st - 5th grade	6th - 8th grade	9th grade	10th grade	11th grade	12th grade	Undergraduate	Graduate	Educator 0	Chaperone	Parent Adult	Participants								<u> </u>
Date of visit? Select date:						Disco de terres															
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Check the box Docent-led Presidential Library Tour																					
Select: Museum Guided-School Program	Special Exhibit	Park																			
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Check the box Museum-Educator Program Check the box Transportation to museum:	1	1																			
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Will you need a bus scholarship? Select: Yes	No																				
Select: Yes We are happy to offer financial assistance Select: Yes	No be reque	sting funding?		-	-						-		+	-							
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Essay response Teacher signature: Sign and Date																					
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Independent home school: Select: Yes Region: Fill in the blank																					
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Fill in the blank: 1st choice:	2nd choice:	3rd choice:												<u> </u>			<u> </u>				
Representative submittee signed pointy at [Check the box] RESEARCH PROGRAM QUESTIONS (NYC) Date of visit: [Fill in the blank;]] Expected time of arrival? [Fill in the blank; [Fill in the blank] [Fill in the blank]	1												1								
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TRAVELING TRUNK PROGRAM (Reagan and													-								

Traveling Trunks may be re Select:	ented for 2 weel	or 4 weeks by an	educator, administ	rator, or school d	istrict:													
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This will help us efficiently check y	you in on your day of visit.	1	+	1												<u> </u>		++	+
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Total Number of Attendees													
Transportation to museum: Bus Car Bus and Car												· · · · · · · · · · · · · · · · · · ·	(
Traveling Trunks may be rented for 2 week or 4 weeks by an educator, administrator, or school district: One week Two Weeks Four Weeks													
Type of class (U.S. History, Civics, Language Arts, etc.)													
Type of class: (history, research, civics, language arts, other)													
Type of group: School Church Civic Tour Group Other													
Type of school: Charter Private Public Other													
Type of tickets requested: Adult Senior (62+) Youth (13 - 17) Children (5 - 12) Child (5 - 12) Infant Military (Retired) Military (Veteran) Military (Active Duty) (Insert Affiliated University)	ty Name) Stude	ent, Faculty, and	Staff Col	llege Student (Non-li	nsert Affilliated L	Iniversity Name)							
We are happy to offer financial assistance. Will you be requesting funding? Yes No												· · · · · · · · · · · · · · · · · · ·	
We are happy to work with you to provide reasonable accommodations for students. Please let us know how we can support you.													
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.													
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.													
What time will participants arrive? Select time:													
What time will students arrive? Select time:													
Which session date de you plan to attend? Date is selected from a drop down menu of options. Which session would you prefer?													
Which session would you prefer?													
Which immensive 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 LBJ Library Education Specialist. 2) Please visit	t our Education	page to learn m	ore about each of	our experiences. Th	e Spy's Dilemma	LBJ and the Cold War Pri	gram and Tour (2.5-	3 hours)					
Whitemund-Bresidential-Generation and Security the Information and Security and Interstited and Security and	and the Cold V	Nar Program and	Tour (2.5-3 hours										
Will you (briefly) indicate how the visit relates to your school curriculum?													
Will you need a bus scholarship? Yes No													
Will you need a bus scholarship? Yes No Would you like to receive emails about new tosching tools, lesson plans, online activities, field trips, professional development, and primary sources our Education Updates Blog? Yes No													
Would you like to receive emails about upcoming distance learning programs? Yes No Would you like to receive the Education Updates Blog from the National Archives? Yes No													
Would you like to receive the Education Updates Blog from the National Archives? Yes No													$(\ $
Would your group like to visit our museum store—The Store at LBJ?													
Write one paragraph describing your experience with film and media.													
Write one paragraph explaining why you would like to participate in the Reagan Student Media Seminar.													
Zip or Zip Code												,	