Type of group: Select: School	GENERAL ADMISSION TO	DUR (Kennedy and GWB)
Church Cick Tool Croup Has year group vided to See Sect: Vis No Mailing Address: (Cry, State 2p Code) Fill in the blank Doytime Phone Number: Fill in the blank Doytime Phone Number: Fill in the blank Vige of tickets respected. Fill in the blank Vige of tickets public vige of the State o	Type of group:	
Civic Torus Group (blind before 1 No Select 1 No 1 N	Select:	
Tour Croup Char your proup visited betwee? Select: Vex No Mailing Address: (City, State, Tg Edel) Select: Vex No Mailing Address: (City, State, Tg Edel) Select: Vex No Mailing Address: (City, State, Tg Edel) Select: City Companies Phone Number: Fill in the Bains Type of Identified Phone Number: Fill in the Bains Type of Identified Phone Number: Fill in the Bains Type of Identified Phone Number: Fill in the Bains Children (5-12)		
Select Ves No Sele		
Has your group winted best once: Select: Yes No Mailing Address: City, State, 7p, Code) Fill in the blank Upgione Phone Number: Fill in the blank Vippo of rickets requested. Fill in the blank Vippo of rickets requested. Fill in the blank Vippo of rickets requested. Fill in the Souther (202) Vould (3 - 12) Child (5 - 12) Child (6 - 12) Child (7 - 12)		
Assistant Select: Ves No Mailing Address: City, State. 7g Code) Fill in the blank Dayten Phone Number: Fill in the blank	Has your group visited by	
Malling Address: City, State, £g, Eccle Fill in the blank Daytrine Phone Number: Fill in the blank What time will participants are for the Situation Room Experience? The Situation Room Experience is two and a half full hours. Please plan to spend at least THOSE HOURS in the simulation. Fill in the blank What time will participants are for the Situation Room Experience is three full hours (Pall-day), Please plan to spend at least FOUR HOURS in the simulation. Fill in the blank What time will participants are for the Situation Room Experience is three full hours (Pall-day), Please plan to spend at least FOUR HOURS in the simulation. Fill in the blank What time will participants are for the Situation Room Experience is three full hours (Pall-day), Please plan to spend at least FOUR HOURS in the simulation. Fill in the blank What time will participants are for the Situation Room Experience is three full hours (Pall-day), Please plan to spend at least THOSE HOURS in the simulation. Fill in		
Fill in the blank Senior (62+) Youth (13- 27) Child (3- 12) Child (3- 12) Child (3- 12) Milliary (Retried) Milliary		
Doption Price Number: Fill in the blank Type of tickets requested: Fill in the blankdualt Senior (524) Youth (13 - 12) Children (5 - 12) Infant Milltary (Reterian) Mi		
Fill in the blank Type of tickets registered: Fill in the blank/dutal		
Fill in the blankAuti	•	
Senior (62*) Vouth (13 - 17) Children (5 - 12) Child (5 - 12) Infant Milliary (Retred) Milliary (Retre	Type of tickets requested	t:
Vout (13 - 17)	Fill in the bla	anlAdult
Child (5 - 12)		Senior (62+)
Child (5 - 12)		Youth (13 - 17)
Infant		Children (5 - 12)
Millary (Retired) Millary (Neteran) Millary (Neteran) (Insert Affilliated University Name) (Student, Faculty, and Staff College Student (Non-Insert Affilliated University Name) 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 Fill in the		Child (5 - 12)
Milliary (Vertran)		Infant
Military (Active Duty)		Military (Retired)
(Insert Affiliated University Name) Student, Faculty, and Staff		Military (Veteran)
College Student (Non-insert Affilliated University Name) Questions or commet: Fill in the blank EDUCATION TOUR / SITUATION ROOM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB) Confirm number participants and chaperones: Fill in the blankPre-K Kindergarten 1st - Shi grade 1st - Shi grade 1th grade		Military (Active Duty)
Questions or comment: Fill in the blank EDUCATION TROM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB) Confirm number participants and chaperones: Fill in the blankPre-K		(Insert Affilliated University Name) Student, Faculty, and Staff
Fill in the blank EDUCATION TOUR / SITUATION ROOM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB) Confirm number participants and chaperones: Fill in the blaniPre-K		College Student (Non-Insert Affilliated University Name)
EDUCATION TOUR / SITUATION ROOM EXPERIENCE / BUS SCHOLARSHIP REQUEST (Kennedy, Reagan and GWB) Confirm number participants and chaperones: Fill in the blanlPre-K Kindergarten 1st - 5th grade 9th grade 10th grade 11th grade 12th grade 12th grade 12th grade 12th grade 14th grade 15th grade	Questions or comment:	
Confirm number participants and chaperones: Fill in the blank: Start St	Fill in the bla	ank
Date of visit? Select date: 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: What time will participants arrive? Select time: Self-guided Presidential Library Tour Check the box		Sind Sind
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: What time will participants arrive? Select time: Self-guided Presidential Library Tour Check the box	Date of visit? Select date	
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: What time will participants arrive? Select time: Self-guided Presidential Library Tour Check the box		
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: What time will participants arrive? Select time: Self-guided Presidential Library Tour Check the box		
What time will students arrive? Select time: What time will participants arrive? Select time: Self-guided Presidential Library Tour Check the box	What time will participar	nts 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? Select time: Self-guided Presidential Library Tour Check the box		
Self-guided Presidential Library Tour Check the box	vviiat tiille Will Students	anve: select unie.
Check the box	What time will participar	nts arrive? Select time:

Check the box Select: Museum Special Exhibit Park Guided-School Program Check the box Museum-Educator Program Check the box Transportation to museum: Select: Bus Car Bus and Car Will you need a bus scholarship? Select: Yes We are happy to offer financial assistance. Will you be requesting funding? Yes Select: 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: Bring Sack-Lunches Select: No Lunch Pre-order Box Lunches Cater-in Executive lunch plans: Select: No Lunch Pre-order Box Lunches Café & 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 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: 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 blanl1st choice: 2nd choice: _____ 3rd choice: ___ Expected time of arrival? Fill in the blank 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
                         That's 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:
                         Pick-up
            Select:
                         Ship
Payment method:
                         Check
            Select:
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)
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 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
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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 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
Write one paragraph explaining why you would like to participate in the Reagan Student Media Seminar.
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 (LO including Archives 1, New York, College Park)
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
City
Fill in the blank
State
Fill in the blank
Select a Webinar
An Introduction to DocsTeach: Discover DocsTeach.org, the online tool for teaching with documents from the National Archives.
Teaching the Charters of Freedom: Join the National Archives for a hands-on session and discover resources for teaching the founding documents of the United States.
Fill in the blank from a menu of rotating webinars
Select a Time Zone (for by-request webinars only)
Alaska Standard Time
Atlantic Standard Time
Central Standard Time
Eastern Standard Time
Hawaiin-Aleutian Standard Time
Mountain Standard Time
Pacific Standard Time
Preferred Date 1 (for by-request webinars only)
Fill in the blank
Preferred Time 1
Fill in the blank
Preferred Date 2 (for by-request webinars only)
Fill in the blank
Preferred Time 2
Fill in the blank
Preferred Date 3 (for by-request webinars only)
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
Fill in the blank
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 education programs?
Select: Yes No
K-12 DISTANCE LEARNING PROGRAMS (LO including A1 and New York)
Teacher Name
Fill in the blank
Title
Fill in the blank
Phone Number

Fill in the blank

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Email Address
            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
Select an Elementary School Distance Learning Program
            (K-2) Our Classroom Bill of Rights
            (K-2) What Happens in Washington?
            (3-5) The Charters of Freedom: Building a More Perfect Union
            (3-5) Superhero Bill of Rights
            (3-5) Rightfully Hers: American Women and the Vote
            (4-5) The Constitution at Work: Elementary School Edition
Select a Middle School Distance Learning Program
            (6-8) The Charters of Freedom: Building a More Perfect Union
            (6-8) Decoding the Declaration
            (6-8) The Constitution at Work: Middle School Edition
            (6-8) The Bill of Rights in Real Life
            (6-8) Rightfully Hers: American Women and the Vote
Select a High School Distance Learning Program
            (9-12) The Charters of Freedom: Building a More Perfect Union
            (9-12) Decoding the Declaration
            (9-12) Know Your Rights
            (9-12) Rightfully Hers: American Women and the Vote
Select a Time Zone
            Alaska Standard Time
            Atlantic Standard Time
            Central Standard Time
            Eastern Standard Time
            Hawaiin-Aleutian Standard Time
            Mountain Standard Time
            Pacific Standard Time
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
Connection Preference
            Select:
                         I would like the Nation Archives to provide a web conferencing link for the program
                         I can provide a web conferencing link for the program
                         Unsure
```

Number of Participants
Fill in the blank
Number of Students
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
THIN the Statik
Special Accommadations
Select: Yes No
Space to write in any special accommadations.
Comment or Questions
Space to write in any comments or questions.
The National Archives requires that the requesting educator or another educator from your institution be present during the student distance learning program to observe the session and support classroom management. The National Archives cannot fulfill program requests for non-supervised sessions
I confirm that I have read, understand, and agree to the above statement.
Select: Yes No
Select. 163 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?
Select: Yes No
Would you like to receive emails about upcoming education programs?
Select: Yes No
Steet. 163 No
8/18/2022 Additional questions for Civics for All of US Student Program Registration
Number of Devices
Fill in the blank
I would like to receive emails from the National Archives Foundation
Select: Yes No
LEARNING LAB REGISTRATION (ARCHIVES 1)
Teacher's Name
Fill in the blank
Title
Fill in the blank
Email Fill in the blank
Fill in the blank
Phone Number Fill in the blank
Fill in the blank Cell Phone Number (Required for Day of Visit)
Fill in the blank
School Name Fill in the blank
Address 1
Fill in the blank
Address 2

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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
                         The Charters of Freedom: Building a More Perfect Union
                         The Constitution Lab: Explore how the actions of the Federal Government are based on the Constitution (Grades 6-12)
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
Number of Teachers And Other Chaperones (We ask that there be 1 chaperone for every 10 students)
            Fill in the blank
Grade Level (Programs are available for grades K-12)
            Select:
                          10
                         11
                         12
Type of Class (U.S. History, Civics, Language Arts, etc.)
            Fill in the blank
Special Needs Accommodations
            Select:
                        Yes
            Space to write in any special accommadations.
Enter your comments or questions here
            space to write in comments or questions
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 education programs at the National Archives?
            Select: Yes No
NATIONAL ARCHIVES PAJAMA PARTY (LO)
Parent/Guardian Last Name
            Fill in the blank
Paren/Guardian First Name
            Fill in the Blank
Preferred email address
            Fill in the blank
Last name of the child you are registering
            Fill in the blank
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First name of the child you are registering
            Fill in the blank
If you are registering additional children, please enter their names here.
            Fill in the blank
City
            Fill in the blank
State
            Fill in the blank
Zip Code
            Fill in the blank
Is this the first time your family has participated in a National Archives education program? *
                      Yes No
                                          Not sure
How did you find out about this program? Please check all that apply.
                         E-mail from the National Archives or the National Archives Foundation
                         National Archives Social Media (Facebook, Instagram, Twitter)
                         Other Social Media
                         Through a friend/family member
                         Other
Would you like to receive emails about upcoming National Archives education programs? *
            Select:
                         Yes No
                                           Not sure
GROUP TOUR AND FIELD TRIP RESERVATIONS (LBJ)
            Group Type
Are vou a:
            Select:
                         Pre-K-12 Group
                         College/University Group
                         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? (?) 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.
                                   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 LBJ Library Education Specialist. 2) Please visit our Education page to learn more about each of our experiences.

Oropdown: The Spy's Dilemma/LBJ and the Cold War Program and Tour (2.5-3 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/LBJ and the Cold War Program and Tour (2.5-3 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
                                                              9:30 a.m.
                                            Select:
                                                              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)
                                            Fill in the blank
                        Self-guided tour with immersive classroom experience
                                  Preferred Start Time Please select a time between 9:30 a.m.-3 p.m.
                                            Fill in the blank
                                  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 LBJ Library Education Specialist. 2) Please visit our Education page to learn more about each of our experiences.
                                                             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)
General Group or Contact Information
             Name of 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.
             Friendly reminder: We do not offer guided tours for non-school groups. For more information, please contact the Volunteer and Visitor Services Office at (512) 721-0184.
             What is your preferred start time? Self-guided tours are available between 9:30 a.m.-3:30 p.m.
                        Fill in the blank
                        Fill in the blank
             Preferred Length of Tour (Min. time: 60 minutes, Typical tour is 90 minutes)
```

Fill in the blank

Tell us about your group.

This will help us efficiently check you in on your day of visit.

Number of Tour Director(s) or Group Leader(s) and Bus Driver(s) (Free admission)

Fill in the blank

Number of Adults (Admission \$7)

Fill in the blank

Number of Seniors (Admission \$5)

Fill in the blank

Number of Youth (13-17) (Admission \$3)

Fill in the blank

Number of Children (12 and under) (Free admission)

Fill in the blank

Number of Non-UT Austin College/University Students (Admission \$3)

Fill in the blank

Number of UT Austin Students, Staff, and Faculty (Free admission)

Fill in the blank

Number of Active Duty Military (Free admission)

Fill in the blank

Number of Former Military (Admission \$5)

Fill in the blank

Number of LBJ Library Members and Other NARA Presidential Library Members (Free admission)

Fill in the blank

Main Contact First Name

Fill in the blank

Main Contact Last Name

Fill in the blank

Main Contact Person Title:

Fill in the blank

Email Address

Fill in the blank

Phone Number (Direct line or cell phone preferred)

(XXX) XXX-XXXX

Street Address

Fill in the blank

Address Line 2

Fill in the blank

City

Fill in the blank

State

Drop down list of every U.S. state

Zip Code

Fill in the blank

On the day of your visit, will there be a different point of contact?

Select: Yes No

Day-of Contact First Name:

Fill in the blank

Day-of Contact Last Name: Day-of Contact Email Address

Fill in the blank

Day-of Contact Phone Number (Cell phone preferred)

Fill in the blank

Additional Information

Additional CommentsInclude any specific day-of needs, ADA accommodations, or more

Fill in the blank

If you have been in touch with a specific LBJ Library contact, please include their name below:

Fill in the blank

Would your group like to visit our museum storeâ€"The Store at LBJ?

```
Select: Yes
                                                      No
LIBRARY QUESTIONS (Kennedy)
Have you ever visited the museum?
            Fill in the blank
Have you brought students for a guided program? (Which one?)
            Fill in the blank
How did you learn about this program?
            Fill in the blank
Will you (briefly) indicate how the visit relates to your school curriculum?
            Fill in the blank
Confirm number participants and chaperones:
            Fill in the blanlPre-K
                         K - 2nd ____
                         3rd - 5th grade _____
                         6th - 8th grade ____
                         9th grade _____
                         10th grade _____
                         11th grade ____
                         12th grade _____
                         Undergraduate ____
                         Graduate _____
                         Educator
                         Chaperone _____
                         Parent ____
                         Adult ____
                         Participants ___
We are happy to work with you to provide reasonable accommodations for students. Please let us know how we can support you.
           Fill in the blank
4/8/2022 - Questions to be cleared for na-2026inst
Type of program
            Onsite
            Distance learning
Will you recommend this program to other educators (167)?
            Yes
            No
            Why or why not?
                         Fill in the blank
What did you like best about the program?
            Fill in the blank
Did you share any of the pre- or post- program activities with your students?
            Yes
            No
            If yes, which activities did you use?
Does this program meet any district-wide objectives?
            Yes
            No
What types of civic education resources are you most interested in from the National Archives? (rank level of interest)
            Distance learning programs
                         Extremely interested
                         Very interested
                         Somewhat interested
                         Not so interested
                         Not at all interested
            Onsite field trip programs at National Archives and Presidential Library sites
                         Extremely interested
```

Very interested

Somewhat interested

Not so interested

Not at all interested

Lesson plans

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

Online teaching activities on DocsTeach.org

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

Videos

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

Online primary sources

Extremely interested

Very interested

Somewhat interested

Not so interested

Not at all interested

Other (please specify)

Fill in the blank

Participating in this program has increased my confidence in teaching with primary

Strongly Agree

Agree

Disagree

Strongly Disagree

Participating in this program will help me improve students' civic knowledge and skills.

Strongly Agree

Agree

Disagree

Strongly Disagree

Commercial Account Request (Recreation.g

Organization name:

Fill in the blank

Organization address: (street number and name, cit

Fill in the blank

Principal or head of organization name: (first and la

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

Representative acknowledges receipt of museum vi

Check the box

Business License Number

Fill in the blank

Expiration Date

Fill in the blank

ov)

:y, state, and zip code)

st)

isitor policy and accepts responsibility for their clients while onsite.

Minor's Name

Minor's Age

Name

Date

Parent or Legal Guardian Name Printed

Parent or Legal Gurdain Signature

Parent of Legal Guardian DOB

Address

Phone

Cell

City

State

Zip