

Walker Art Center  
CLASSROOM RESOURCE RESERVATION FORM

Teacher Name: \_\_\_\_\_

ITEM(S) REQUESTED:

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

Date needed: \_\_\_\_\_

Date to be returned: \_\_\_\_\_

ABOUT YOUR STUDENTS:

School: \_\_\_\_\_

Subject area(s): \_\_\_\_\_

Grade(s): \_\_\_\_\_

How many students will view these materials? \_\_\_\_\_

WHERE SHOULD WE SEND THE MATERIALS?

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ day (     )

\_\_\_\_\_ evening (     )

E-mail: \_\_\_\_\_

\* Rental fees must be paid in advance of date needed. Thank you!