EL PASO

MUSEUM of HISTORY

TOUR GOALS INFORMATION FORM

Date Submitted: _____

Tour Date: _____ School Name: _____

Age/Grade/Name of Class: _____

1. What learning objectives have you set for your Museum visit?

2. How can the Tour Guides enhance the Museum experience for your students?

Please return you tour goals form to:
Fax: 915-351-4345
Email: knoedlerjm@elpasotexas.gov
Attn: Jaime Knoedler
Please return this form 2 weeks prior to your scheduled visit. This allows us to inform our docents of your group's goals.

510 N. Santa Fe Street, El Paso, TX 79901
Tel 915.351.3588 Fax 915.351.4345
history.elpasotexas.gov