



**BIRMINGHAM
HOLOCAUST
EDUCATION
CENTER**

GROUP VISIT REQUEST FORM

Teacher Name _____

Phone CELL / WORK (*circle one*) _____

Email _____

School Name _____

School Address _____

Grade/Subject _____ # Students _____ # Teachers/Chaperones* _____

NOTE: We are only able to accommodate 45 students at a time.

*We require 1 chaperone per 8 students.

Requested Dates/Times
(in order of preference)

1. _____

2. _____

3. _____

SUBMIT BY EMAIL (*preferred*):

info@bhamholocausteducation.org

SUBMIT BY MAIL:

Birmingham Holocaust Education Center

P.O. Box 130805, Birmingham, AL 35213-0805