



GELMAN STAINED GLASS MUSEUM

411 Virgen de San Juan Blvd. San Juan, Texas 78589

MUSEUM SCHOOL VISIT FORM

Thank you for choosing the Gelman Stained Glass Museum for your school museum visit.

Please fill out the following form and email back to tours@gelmanmuseum.org.

If you have any questions, please feel free to call us at (956) 601-0838.

Museum Visit Information

Date: ___/___/___ Time: _____:_____ am/pm

School Name: _____ Zipcode: _____

School Address: _____ City: _____ State: _____

Point of Contact: _____ Phone Number: _____

Point of Contact Email: _____

Number of Students: _____ Number of Chaperones: _____

Grade Level(s): Please circle one grade level per form

Pre-K/Kinder 1st Grade 2nd Grade 3rd Grade 4th Grade 5th Grade 6th Grade

7th Grade 8th Grade 9th Grade 10th Grade 11th Grade 12th Grade Higher-Ed

Special Education

Special accommodations or requests: (Please list)





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SCHOOL PRICING

Museum Admission: All pricing includes a private experience for each school visit.

Please select from the following options:

- **Option A: Self-Guided Visit \$8.00 per student:** maximum of 100 visitors at one time
- **Option B: Scavenger Hunt at the Museum \$14.00 per student :** maximum of 50
(includes guided visit/activity)
- **Option C: Faux “stained-glass” at the Museum \$18.00 per student:** maximum of 50
(includes guided visit/activity)

Chaparones:

- Teachers/Educational Professionals: No charge
- Parents/Non-professionals in Education: \$10 per individual

School Visit(s) require a 50% non-refundable down payment to secure your date and time. Remaining balance must be paid at least one (1) week prior to scheduled visit. All sales final. All payments can be made in cash, check, or credit card.*

***All credit card sales will incur a 4% transaction fee.**





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SCHOOL INFORMATION

School Principal Name: _____

School Principal Email: _____

Teachers in Attendance:

Name: _____ Email: _____

Grade Level: _____ Subject: _____ Zipcode: _____

Name: _____ Email: _____

Grade Level: _____ Subject: _____ Zipcode: _____

Name: _____ Email: _____

Grade Level: _____ Subject: _____ Zipcode: _____

Name: _____ Email: _____

Grade Level: _____ Subject: _____ Zipcode: _____

CHAPERONES:

If there are Parents attending as Chaperones, please include their information below*:

Name: _____ Email: _____ Zipcode: _____

Name: _____ Email: _____ Zipcode: _____

Name: _____ Email: _____ Zipcode: _____

Name: _____ Email: _____ Zipcode: _____





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MUSEUM RULES & POLICIES

Thank you for your cooperation as we strive to maintain a safe environment for our collection in its pristine collection for many generations to enjoy.

- DO NOT TOUCH STAINED GLASS, STATUES, OR ANY ARTWORK
- DO NOT CLIMB, LEAN, OR SIT ON ALTARS DO NOT BREACH BARRIERS
- NO REFUNDS
- NO GUNS OR KNIVES (Including pocket knives)
- NO BAGS OR BACKPACKS
- NO PROFESSIONAL PHOTOGRAPHY EQUIPMENT
- NO STROLLERS
- NO OUTSIDE FOOD OR DRINKS
- NO PHONE CALLS (All phone calls must occur outside)
- NO PETS ALLOWED (Service guide dogs are welcome with proof of license)
- NO SMOKING INSIDE THE MUSEUM
- PLEASE USE RESPECTFUL VOICES (No yelling or use of profanity)



CHILD POLICY

- Parents and caregivers are responsible for supervising children at all times inside and outside Museum grounds.
- All children must be accompanied by an adult parent or caregiver (age 18+) while visiting the Museum.
- Lack of adult supervision of children is grounds for immediate removal from the Museum without refund.
- Child drop-offs are NOT permitted.

ALLOWED INSIDE MUSEUM:

Guests may continue to carry approved items without a bag:

- Phones
- Cameras
- Binoculars

Medically necessary bags that enter the facility will need to be checked in at the front desk or left in the vehicle.





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RELEASE AND WAIVER OF LIABILITY FORM

Student Name: _____

Grade Level: _____ Parent/Legal Guardian Attending? Yes/No

The above minor has my permission to participate in a field trip to visit the Gelman Stained Glass Museum. I am aware the museum has precious artifacts within the collection that may present a risk of injury. In consideration for allowing my child to participate, I agree to assume all risks for injuries and any legal responsibility arising out of his or her participation.

Printed Parent/Legal Guardian Name

Parent/Legal Guardian
Signature

Date

Parent/Legal Guardian Contact Info.

Phone Number

Email

Zip code





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MINOR (CHILD) PHOTO RELEASE FORM

I, _____ the parent or legal guardian of _____ (child) hereby grant **The Gelman Stained Glass Museum** permission to use the photographs for legal purposes, such as promotional purposes, including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me by reason of such use.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Parent/Legal Guardian's Name: _____

If you'd like to be informed of upcoming events happening at the museum, please provide your email.

Email: _____





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AGREEMENT OF RELEASE AND WAIVER OF LIABILITY FORM

I, _____ (Principal)
of _____ (School Name) hereby agree to the following:

1. Have reviewed **ALL** Museum Rules and Policies and will relay information to all participants prior to School Museum Visit.
2. Will submit **ALL** required waiver/minor-photo release forms prior to museum visit.
3. In consideration that this is a school field-trip during school hours,
_____ (school name) will assume full legal responsibility for any risks, injuries, damage, known or unknown stemming from participating in the school visit to the museum.

Principal Signature: _____ Date: _____

Point of Contact Signature: _____ Date: _____

