



School Tour Registration Form

School Information:

School Name: _____
School Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____

Instructor Contact Information:

Name: _____
E-mail: _____ Home Phone: _____

Tour Information:

Please select house museum tour:

- | | |
|--|---|
| <input type="checkbox"/> Robert Mills House | <input type="checkbox"/> Hampton-Preston Mansion |
| <input type="checkbox"/> Mann-Simons Cottage | <input type="checkbox"/> Woodrow Wilson Family Home |

Please select specialty tour:

- Main Street Tour
- Homeplaces, Workplaces, Resting Places: African-American Sites Tour
- Architectural Tour

Date and Time: _____
Alternate Choice: _____

Number of Students: _____
Grade Level of Students: _____
Number of Adult Chaperones: _____

Special Needs: _____

Mail to: Historic Columbia
Attn: Ann Posner
1601 Richland Street
Columbia, SC 29201

Fax to: 803.929.7695
Attn: Ann Posner