



TAKIS FOUNDATION  
K.E.T.E.  
Research Center  
for the Art  
and the Sciences

### APPLICATION FORM FOR GUIDED TOUR

Please check ✓ and fill in the form.

Date of visit: \_\_\_\_/\_\_\_\_/202\_\_\_\_

Time: \_\_\_\_: \_\_\_\_

Select ✓: Middle School:  High School:  Adult Group:

**Grade:**

7th Grade:  10th Grade:

8th Grade:  11th Grade:

9th Grade:  12th Grade:

Number of Students: \_\_\_\_\_

Number of Adults : \_\_\_\_\_

### Contact Information

School:	
Address:	
Telephone:	
E-mail:	
Name of principal:	
<b>CHAPERONES CONTACT INFORMATION:</b>	
Name: _____	Tel. _____
Name: _____	Tel. _____
Name: _____	Tel. _____
Name: _____	Tel. _____

I read and agree with the Terms and Conditions of participation

Please send the application form back to: [edu@takisfoundation.org](mailto:edu@takisfoundation.org)

Athens, \_\_\_\_ / \_\_\_\_ / 202

Stamp–Signature