

Oregon Holocaust Memorial

Docent Request Form

Please complete this form online, email to info@ohrconline.org or print and fax to 503.245.2734

Name _____ Position _____

Organization/School _____

Date of Visit _____ Arrival Time _____

Phone Number _____ Email Address _____

Arriving by: Bus Car Other

For Schools Only:

Have your students studied the Holocaust? Yes No

Advanced? Heterogeneous? Yes No

Age of students How many students? How many adults?

Would you like to receive an Oregon
Holocaust Memorial Teacher's Guide? Yes (please complete address) No

Mailing Address:

Address _____

City _____

State _____

Zip _____

Notes:

FOR OHRC USE ONLY

Docent(s) Contacted _____

Date Docent contacted _____

Date Docent Confirmed _____