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| **臺北市立美術館受理團體教學參觀臨時免票申請表**  **TFAM Ticket Waiver Application for Educational Visits** | | | | | | | | |
| **學校**  **School** |  | | 科系  Major |  | | **電話**  **Telephone** | |  |
| **參觀時間**  **Time of Visit** | | 年 月 日 時 分  year month day hour | | | | | | |
| **參觀人數**  **Number of Visitors** | |  | | | | | | |
| **團體聯絡人**  **Name of Instructor** | |  | | | | | | |
| **申請者**  **Applicant** | |  | | | | | | |
| 備註  Notices | |  | | | | | | |
| 承辦人  Contact person | |  | | | 主管  Manager | |  | |

請於兩週前提出，限台北市公私立各級學校及美術相關科系校外教學，其餘請參照本館購票規定。以上表格填寫完整後傳真至02-25851041。※此為免票參觀憑證，不含導覽服務。

（以下由美術館業務承辦人填寫）

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|  | **學校**  **School** | **團體連絡人**  **Instructor** | **人數**  **Number of Visitors** | 承辦人  Contact Person | 本聯請交入口處  Submit this application form at entrance. |  |
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