



## National Churchill Museum

*Where History Comes to Life*

501 Westminster Ave  
Fulton, Missouri 65251  
573.592.5234  
[www.nationalchurchillmuseum.org](http://www.nationalchurchillmuseum.org)

### TRAVELING TRUNK PROGRAM

#### What is a Traveling Trunk?

National Churchill Museum's traveling trunks are mini-museums, bringing a little bit of history to your classroom, scout troop, or other organization. Each trunk contains a variety of "hands-on" objects: clothing, photographs, objects, books, audio tapes, activity sheets, and a teacher handbook. Trunks are aligned with the Missouri and national learning standards. They are appropriate for all ages.

#### Winston Churchill's Visit to Fulton, Missouri Traveling Trunk

Winston Churchill was Britain's Prime Minister during World War II. Follow his journey as he treks across the Atlantic, making his way to Fulton, Missouri. Relive the moment he recited his "Iron Curtain" speech.

*Corresponding subjects:* Social Studies, Geography, Speech, Leadership, English/Language Arts

Lessons are available for grades 4-12 and come with a teacher handbook. With this teaching resource, leaders can create innovative and interactive classroom instruction.

#### How Can You Order a Traveling Trunk?

Trunks are loaned for two weeks. For reservations or for more information, please call 573.592.6242 or email [Mandy.Plybon@churchillmemorial.org](mailto:Mandy.Plybon@churchillmemorial.org).

Winston Churchill's Visit to Fulton, Missouri  
Traveling Trunk Request

E-mail, Fax, or Mail Your Request to:

Mandy Plybon  
*Education & Public Programs Coordinator*  
National Churchill Museum  
501 Westminster Ave  
Fulton, MO 65251

Phone: 573.592.6242  
Fax: 573.592.5222  
Email: Mandy.Plybon@churchillmemorial.org

Teacher/Leader Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

E-mail: \_\_\_\_\_

School/Group Name: \_\_\_\_\_

School/Group Address: \_\_\_\_\_

Grade(s): \_\_\_\_\_ Total Number of Students: \_\_\_\_\_

Requested dates: \*\*You can only check out a trunk for two weeks

|                 | PICK UP ON | RETURN BY |
|-----------------|------------|-----------|
| (First choice)  | _____      | _____     |
| (Second choice) | _____      | _____     |

| <u>Pick Up</u>   |     |    | <u>Return</u>          |     |    |
|------------------|-----|----|------------------------|-----|----|
| In person?       | Yes | No | In person?             | Yes | No |
| Shipped to you?* | Yes | No | Ship to the Museum?*** | Yes | No |

\* The Museum will pay for shipping to the school/group location.  
\*\* The school/group is responsible for the return shipping costs.

How did you hear about our traveling trunk program?

**I agree to take responsibility for the Trunk's content and agree to return it by the designated time.**

Teacher/Leader Signature \_\_\_\_\_

Date: \_\_\_\_\_

Museum Signature \_\_\_\_\_

Date: \_\_\_\_\_