For Office Use Only:
Date Received: _____
Deposit Paid: _____
Balance Due:_____
Confirmation #: _____

TOUR REQUEST FORM FOR SCHOOL/DAYCARE/SCOUT TROOPS

(PLEASE TYPE OR PRINT)

Today's Date: Requested Tour Date:

Requested Tour Time: (x next to time) Alternate Date:

( )10:00 am ( )12:00 pm ( )2:00 pm (groups of 15 or less) ( )Other time by request:

Facility Name:

Facility Address:

Contact Person:

Contact Phone #:

Contact Email:

Approximate # of Children: ( ) Age Range/Grade Level:

Approximate # of Teachers/Chaperones: ( )

Requested Donation: $5.00 per child $7.00 per teacher/chaperone

Choose Your Form of Donation: Cash on Arrival ( ) Check on Arrival ( )

Credit Card on Arrival ( )

Check by Mail ( ) Credit Card Online ( )

A DONATION DEPOSIT OF 25% IS REQUIRED BEFORE THE BOOKING PROCESS IS COMPLETE

YOU WILL RECEIVE A CONFIRMATION NUMBER BY EMAIL AT THAT TIME

PLEASE SEND FORM TO: LINDA BRANK at lbrank54@gmail.com

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Revised 12/7/18