

Tour Reservation Form

Contact Person/Persons: _____

Contact Info: _____
(Phone #) (Address) (E-mail)

Name of Group: _____

Desired Tour Date: _____

Desired Tour Time: _____

Age of Group: 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th
(Please circle all that apply.)

Number of Students: _____

*Number of Chaperones: _____

Dining on Campus (Yes/No): _____

Would you like a presentation (Yes/No) _____

Comments (What do you expect to take away from your visit to the University?):

*One chaperone for every ten students is required.