

## Valley Baptist Health System Hospital Tour Request Form

Date of Request:	
Requestor:	
Title:	
Name of organization:	
Alternate Contact Person:	
Phone Number:	
Fax (optional):	
Cell phone/pager:	
Email address:	
<b>Mailing Address</b>	
Street Address:	
City:	
State:	
Zip:	
<b>Tour Information</b>	
Date requested for tour:	
Time requested for tour:	
Number in group:	
Age:	<i>Adult      Senior Adult      Teen      Youth</i>
Type of Audience:	<i>Lay Public                      Health Professional Other Professional              Students</i>
If student group, grade level:	
Type of tour requested:	<i>General Specific: please specify if particular sites are desired.</i>
Please describe any special accommodations needed:	
Mode of transportation to VBMC:	<i>Personal Vehicle                      Chartered Bus Hotel Van                                  Taxi</i>
Description of the individual or group requesting the tour. What is the reason for choosing VBMC as a tour site? What is the goal/purpose of the visit? What is the state or country of residence for tour participants? (This information will be useful for introductions and anticipating needs and interests of the tour group.)	