



Tour Request Form

Arrival Date: _____ Departure Date: _____

Specify dates & times (all morning or afternoon) that you're available for the tour(s):

Name of Tour Group (Institution or Person):

Contact Person:

Phone: (

) _____ Fax: () _____

Title: _____

Email: _____

Address of Institution: _____

Size of Institution _____ (# of Students) Public Private Multi-Campus

Number of People Planning to Visit:

Name(s) _____ Title(s) / Position(s) _____

continue on additional sheet if needed.

Goal(s) of your visit (*please be as specific as possible*):

Specific area(s) within the Maricopa Colleges that your group wishes to see or learn about during your visit:

Will you require accommodation recommendations? yes no

Will you require transportation recommendations? yes no

Are there any special needs or requests for members of your group that we should be aware of?

Please return this form at your earliest convenience to **Heather Miles, Mesa Community College Special Events and Public Relations**: Phone: (480)461.7296 Fax: (480)461.7383 Email: heather.miles@mccmail.maricopa.edu