

Tour Request Form

Tour Fee: \$100

Group Requesting Tour: _____

Contact Person (Name/Title): _____

Address: _____

City: _____

State: _____ Zip Code: _____

Phone (day): _____ (evening): _____

Type of Group (be specific): _____

General Age of Group: _____

If a student group, what is the educational goal of touring the R Adams Cowley Shock Trauma Center?

What educational activity will supplement the tour? _____

First Choice (Date/Time): _____

Second Choice (Date/Time): _____

IMPORTANT REMINDERS

Tours are limited to 10 people per tour guide

Absolutely **no cameras or cell phones** are permitted in the tour areas of the hospital

If the tour group includes high school students, the school is responsible for obtaining signed release forms from parents/guardians giving permission to tour the Shock Trauma Center

To request a tour, contact Cindy Rivers, resource coordinator, at crivers@umm.edu