

# General Tour Reservation Form

School/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Contact Person Name: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Contact Person's Fax Number: \_\_\_\_\_

Contact Person's E-mail: \_\_\_\_\_

Number of Participants: \_\_\_\_\_

List Participants:

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Name Title/Subject Area School  
Organization \_\_\_\_\_  
(if different from above)

Reason for  
Visit: \_\_\_\_\_

Date of Visit (First Choice): \_\_\_\_\_

Date of Visit (Second Choice): \_\_\_\_\_

To arrange a tour, complete the registration form and e-mail to Candace Haywood at  
chaywood@coppellisd.com or fax to 214-496-5906.