



## Laborers Training School Site Tours/Visits Request

Date of Request: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Tour/Visit: \_\_\_\_\_ Time: \_\_\_\_\_

Number of people attending: \_\_\_\_\_ (If more than 5 people will be attending please provide a list of first and last names of all attendees)

Special Arrangements/Accommodations:  Lunch  Room Seating  
 Power Point  Hands-On Presentation  Audio/Visual

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***\*\*All visitors are required to sign in at our front lobby\*\****

### For Office Use Only

Tour approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Tour Guide: \_\_\_\_\_ Apprx. Time frame: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_