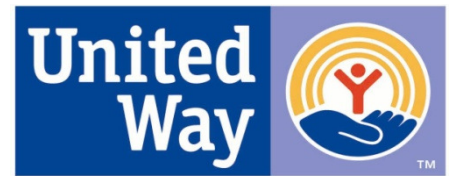


# Tour Request Form



Heart of Florida United Way

(Requires a minimum of 2 weeks notice)

Tour Date: \_\_\_\_\_ (Time Period) From: \_\_\_\_\_ To: \_\_\_\_\_

## REQUESTOR INFORMATION

Organization Requesting Tour(s): \_\_\_\_\_

Account #: \_\_\_\_\_ Location #: \_\_\_\_\_

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

Organization Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Tour Group Size: \_\_\_\_\_ Number of Agencies to Tour: \_\_\_\_\_

Audience Description: \_\_\_\_\_  
\_\_\_\_\_

HFUW Representative Attending Tour: \_\_\_\_\_

## TOUR INFORMATION

Type of Group:  General Employee  Labor/Union Ask  
 Leadership  Other: \_\_\_\_\_

Please list the agency(ies) your group prefers to tour and any alternatives. The Speakers Bureau coordinator will substitute an appropriate agency if the one(s) requested is/are not available.

Agency 1: \_\_\_\_\_

Agency 2: \_\_\_\_\_

Agency 3: \_\_\_\_\_

Alternative 1: \_\_\_\_\_

Alternative 2: \_\_\_\_\_

Alternative 3: \_\_\_\_\_

Request Date: \_\_\_\_\_ Requested By: \_\_\_\_\_