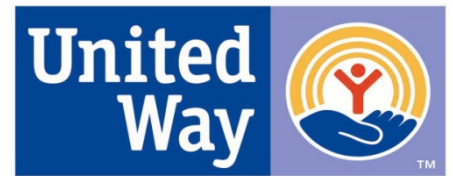


Tour Request Form



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 #: 25734 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: _____