



Office of Admissions
Group Tour Registration

(Please click on the lines to fill out, then click the Submit button to send as an e-mail, or print and fax to 618-650-5013.)

Contact Name: _____

School/Organization Name: _____

Address: _____
(City) (State) (ZIP)

Phone number: _____ Fax number: _____

E-mail: _____

Purpose of Visit: _____

Dates and Times Requested (January through July, Monday through Friday);
Please choose three, and rank in order of preference.

1. _____ 2. _____

3. _____

Number of students: _____ Number of staff: _____

Special Requests/Comments: _____

(Signature)

(Date)

*****Office Use Only*****

Request Confirmed By: _____ Date: _____

Request Denied By: _____ Date: _____

Reason for Denial: _____