Las Gallinas Valley Sanitary District 300 Smith Ranch Rd

300 Smith Ranch Rd San Rafael, CA 94903

Ph: 415-472-1734 Fax:415-499-7715

## **PUBLIC TOUR REQUEST FORM**

		Contact Person: r completing form, fax to Dist	trict Contact Person noted above:
1.	Tour Group Contact Pe	rson: Name:	Date
		Phone:	
		Fax:	
		Best time to Call:_	
2.	Purpose of Tour:		
3.	Dates & Times desired by Tour Group:		
4.	Date/Time limitations of Tour Group:		
5.	Tour time period 1 <sup>st</sup> ch	oice:am/r	om toam/pm
	2 <sup>nd</sup> cl	noice:	am/pm toam/pm
	Note: Standard tours	generally take around 1 hour	
6.	Ages and /or Grades:	☐ 2 <sup>nd</sup> -4 <sup>th</sup> grade (7-10years	Required Student/Adult ratio:
		$\Box$ 5 <sup>th</sup> -6 <sup>th</sup> grade (10-12years	s) 1 adult per 5 students needed
		$\Box$ 7 <sup>th</sup> -8 <sup>th</sup> grade (12-14years	s) 1 adult per 7 students needed
		$\square$ 9 <sup>th</sup> -12 <sup>th</sup> grade (High Scho	ool) 1 adult per 10 students needed
		☐ College	None
		□ Adults	None
7.	Approximate size of the tour group:(no. of students)(Plus adults)(Total)		
8.	Are there any physical or other limitations that staff should be aware of?		
	Note: If you have not re	ceived confirmation from LGVSE	O within 2 days, call the District Contact Person
To be co a. b.	ompleted by Las Gallinas V Tour is approved for the Tour is not approved at t	dates/times requested	
C: '			B
Signed:	District and beauty and	signature	
Signed: <sub>-</sub>	District authorized	=	
Signed:		r Group Contact Person when si	gned by District.