



## Greater Olympic Peninsula CFC CHARITY TOUR REQUEST FORM

**NOTE: Please confirm date, time and number of employees attending the tour before requesting one.**

Federal Agency/Military Unit requesting tour \_\_\_\_\_  
\_\_\_\_\_

Contact \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Tour Request Date \_\_\_\_\_ Time of Arrival \_\_\_\_\_

Number of People Going on Tour \_\_\_\_\_

CFC Charity Requested for Tour \_\_\_\_\_

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Special Requests (i.e. accessibility) \_\_\_\_\_

Additional Information \_\_\_\_\_

CFC Specialist \_\_\_\_\_

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### Confirmed Tour and Time Schedule

Charity \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_

Confirmed by \_\_\_\_\_ Date \_\_\_\_\_

Additional Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_