



Facility Tour Request

Request for Facility Tour

Request Information

Department: _____ Date: _____

Name of Tour

Requestor: _____
Last First

Title/
Position: _____

Date of Tour Request: _____ Course #: _____

Number of Participants: _____ Time of Tour : _____

Tour Length of Time:

<input type="checkbox"/> 30 Minutes	<input type="checkbox"/> 60 minutes	<input type="checkbox"/> 90 Minutes
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Facility Options:

<input type="checkbox"/> Siegel Recreation And Activities Center	<input type="checkbox"/> Recreation and Wellness Center	<input type="checkbox"/> The Perch	<input type="checkbox"/> The Owls Nest
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Additional Tour Accommodation Requests:

Signature Follow – up Contact Information Date

If accepted, confirmation will be sent to the professor or department head for processing. Please submit forms to Kendra Bailey kbaile73@kennesaw.edu

Confirmation of Offer

Follow – up : _____

Status of Offer: Accepted Declined