

Washington, DC Tour Request Form

Prefix:

- None
- Mr.
- Mrs.
- Ms.
- Dr.

First Name *:

Last Name *:

Street Address *:

Address 2nd line :

City*:

State*:

IL

Zip Code*:

E-mail Address:

Home Phone*:

Work Phone:

Number in Group*:

Leaving Home On:

Full Days
in Washington*:

To

Please check the box next to the tours you would like
*:

Tour Possibilities:

Location
(Please check box)

Priority
(1 is highest)

The White House

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

10
11

U.S. Capitol

1
2
3
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Supreme Court

1
2
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Washington Cathedral

1
2
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4
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6
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The Kennedy Center

1
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Library of Congress

1
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Bureau of Engraving & Printing

1
2
3
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11

F.B.I. (closed
indefinitely - post 9/11)

1
2
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11

National Archives

1
2
3
4
5
6

- 7
- 8
- 9
- 10
- 11

Old Executive Office Building
(closed indefinitely - post 9/11)

- 1
- 2
- 3
- 4
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- 9
- 10
- 11

State Department

- 1
- 2
- 3
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- 10
- 11

Please list any special needs your party may require:

