

# DYESS AFB TOUR REQUEST FORM

| Name of Organization       | Group Size                          | Group Age Range   | Proposed Dates<br><i>(Please provide primary and alternate)</i>                     | Proposed Time Frame for tour |
|----------------------------|-------------------------------------|-------------------|---|------------------------------|
|                            |                                     |                   |   |                              |
| Primary Purpose of Request | Specific areas of interest (if any) |                   | Special Requirements (handicap accessibility, dietary constraints, allergies, etc.) |                              |
|                            |                                     |                   |   |                              |
| Do you require:            | Y/N                                 | Point of Contact: |   |                              |
| Dining Facility:           |                                     | Name:             |   |                              |
| Transportation:            |                                     | Daytime Number:   |   |                              |
| Picnic Location:           |                                     | Cell Number:      |   |                              |
|                            |                                     | E-mail address:   |   |                              |
|                            |                                     | Alternate Number: |   |                              |

**NOTES:**