



Laborers Training School Site Tours/Visits Request

Date of Request: _____

Company/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Person: _____ E-mail: _____

Phone No.: _____ Fax No.: _____

How did you hear about our organization? _____

Date of Tour/Visit: _____ Time: _____

Number of people attending: _____ (If more than 5 people will be attending please provide a list of first and last names of all attendees)

Special Arrangements/Accommodations: Lunch Room Seating
 Power Point Hands-On Presentation Audio/Visual

Additional Comments: _____

*****All visitors are required to sign in at our front lobby*****

For Office Use Only

Tour approved by: _____ Date: _____

Tour Guide: _____ Apprx. Time frame: _____

Additional Comments: _____

