



## Council Tour Form

Name: \_\_\_\_\_ Troop #: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

Date requested: \_\_\_\_\_

Total number of girls expected: \_\_\_\_\_

Age Level: **D B J C S A**

Total number of adults expected: \_\_\_\_\_

Please indicate time requested:

Tuesday/Wednesday/Thursday night (circle)

4 p.m. – 5 p.m.     5 p.m. – 6 p.m.     6 p.m. – 7 p.m.    Special time request  \_\_\_\_\_

Saturday:

10 a.m. – 11 a.m.     11 a.m. – 12 p.m.     12 p.m. – 1 p.m.    Special time request  \_\_\_\_\_

Special notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_