

SCHOOL TOUR RESERVATION REQUEST FORM

(PLEASE MAKE A COPY OF YOUR RESERVATION FORM)

Teacher/Tour Coordinator Na	ame (Please Print)_			
School and Room #				
Address		City		_Zip
Contact/Work #		Email		
PLEASE E-MAIL COMPLETED RE 858/668-1231	SERVATION FORM(S) TO: kumeyaay_tourres@	poway.org OF	R FAX TO:
THURS	DAY AND FRIDAY MO	RNINGS FROM 9:00 A.M	11:30 A.M.	
TO	MAXIMUM 2 OUR FEE: \$4 PER STU	28 STUDENTS PERTOUR DENT. TEACHERS/CHAPERONE S PAYABLE TO 'CITY OF POWAY	S FREE	ED.
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Teacher's Name, Email addre and cell number	ess Students' Average Age	<u>Requested</u> Tour Date	Number of students	Any students requiring special accommodation? (eg, bee or nut allergy)
CANCELLATION POLICY: No fees wil	l be refunded if school car	ncels tour within three (3) business	s days of the sched	uled tour date.
RAIN POLICY: Please check the follow	ving website at 2 pm on th	ne evening prior to your tour:		
http://forecast.weather.gov/MapC	click.php?CityName=Powa	y&state=CA&site=SGX&textField1	=32.9628&textField	2=-117.035&e=1
The tour will automatically be cancelled	d if the prediction for preci	pitation is 50% or more on the mo	rning of the tour.	
To reschedule ple	ease call (858) 668-4	1781 or email <u>kumeyaay_t</u>	ourres@powa	y.org
CHECK THIS BOX TO CONFIRM	THAT YOU ACCEPT THE	CANCELLATION POLICY	Date	
FORM OF PAYMENT: Please i	indicate how the tou	ır fee will be paid:		
Purchase Order Cash	Check	TOTAL FEE DUE: \$		
Date reservation received:		Date reservation confirmed:		_