Himdag Ki: Cultural Center and Museum
Tour Request Form

Name of group requesting tour: ________________________________

Contact person(s): ____________________________________________

Telephone #: __________________________ Alternative #: __________________________

Email: _______________________________________________________

Number in group:     Youth: ________     Adults: ______________

**Tour Request Information:**

Date(s): __________________________ Time: __________________________

Alternative date: __________________________

☐ Museum tour (45mins-1 hr.)
☐ Presentation (1 hour)
☐ Trail walk with guide (30-45mins) *IF Available
☐ Cultural craft activity (1-2 hrs.) *IF Available

Lunch Accommodations:

☐ Request for caterer (At your own expense)
☐ Area for lunch (Kitchen, patio)
☐ No accommodations needed

**Other Special Requests:**

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

CC Staff:
Received by: ____________________________ Date: __________

Reviewed and Approved: ____________________________ Date: __________