## **Group Visit Request Form**

## **UC Merced Campus Visits**

PHONE: 209-228-6316 FAX: 209-228-4637 tours@ucmerced.edu

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Contact Information					
PRIMARY CONTACT:		EMAIL ADDRESS:			
MAILING ADDRESS:	CITY/STATE/ZIP:				
WORK PHONE:		MOBILE PHONE:			
Group Information					
Group Name:	School/Campus:				
Number of Students:	Grade Level:				
Number of Educators:	Number of Buses:				
	N	umber of Cars/Vans:			
Scheduling Information					
TOUR HOURS: Monday-Friday hou	rly from 10:00 AM -	3:00 PM.			
1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice		3 <sup>rd</sup> Choice		
Date:	Date:	CHOICE	Date:		
Time:	Time	Time:		Time:	
rime.	Tillie.		Time.		
NOTE: We will try to accommodate	e your request on or	ne of the dates indica	ted above.		
Tour Options		Lunch Optio	Lunch Options		
Tour Only (1 Hour)		No Lunch			
Tour and a UC Merced Admissions			Students Bringing Lunch		
Presentation (2 Hours)		Lunch in D	Lunch in Dining Commons		
Tour and a UC Merced Stude (1.5 Hours)	<b>NOTE:</b> Recommended to bring \$7-8 per Student if				
Other Requests (Bilingual, Disability, etc):			purchasing a meal in the dining commons		
	, do		-		
Pl	ease fax this Form t	o TOURS at 209-228-	4637		
Office Use Only					
	Calanda	- Thou	I Maria Lathan		
CT: Presentation Name:			ık You Letter ıls:	Date Received:	
R: Room:			:	Confirmed:	