

Contact Person's Signature

Dr. Hector P. Garcia Memorial Library

TOUR APPLICATION

Date o	of Tour	Day of the Week	Time (From)	Time (To)	
Name	of Organization				
	o de la companya de l				
Conta	ct Person		Title		
Conta	ct i cison		Title		
م ما ما ما					
Addre	ess				
Telep Busin	hone(s): ess		Cell		
(956) Expec	ted Attendance:		(956)		
Adults		Children		Age of Group	
Confir	med by:		Date:		
WHAT 1 1.	HE REQUESTER MUST	「DO: ation at least two weeks in advan	ace of the tour date		
2.	2. Agree that a tour group can be no larger than 30 individuals or one class of students.				
3. 4.	1 ,				
	THES	E REQUIREMENTS MUST BE N	MET OR THE TOUR W	/ILL BE DENIED.	
WHAT T	THE LIBRARY WILL PRO	OVIDE:			
1. 2.	5 11 1 7				
3.	Tours will be scheduled	d when the librarian in charge of t	that department is sche	eduled to be in the library.	
4.	Tours will not be sched cannot be scheduled a		orograms. If a departm	nent already has a schedule program, a t	our
5.	Tours will not exceed of	one hour in length.			
I unders	tand what is expected of	me as the requester. If any of th	e guidelines are broker	n we are subject to denial of our tour.	

Date