

AGENCY TOUR REQUEST FORM



(Please provide at least one week turnaround time for scheduling when requesting agency tours.)

TOUR DATE: _____ (Time Period) FROM: _____ TO: _____

Company/Organization Name: _____

Contact Person: _____ Email Address: _____

Phone: _____ Fax: _____

Cell: _____ Tour Group Size: _____

Number of Agencies to Tour: _____

TOUR INFORMATION:

Please list the agency(ies) your group prefers to tour and any alternatives. The Speakers Bureau scheduler will substitute an appropriate agency if the one(s) requested is/are not available.

Agency 1.

Agency 2.

Agency 3.

Alternative 1.

Alternative 2.

Alternative 3.

(For a list of United Way funded agencies visit www.uwov.org)

Request Date: _____ Requested By: _____

Please email your request form to mharding@uwov.org