



PARKVIEW HEALTH

GUIDED TOUR REQUEST FORM

INSTRUCTIONS: Please complete form by entering requested information in each box. The form may be completed electronically and sent via email, or completed by hand and sent via mail.

School/Group			
Tour Date Requested (Please Provide Two Alternate Dates)	mm/dd/yy:	mm/dd/yy:	mm/dd/yy:
Tour Time Frame (Start Time And End Time)			
Number Of Students In Guided Tour Group			
Age Range Of Guided Tour Participants			
Department(s) Preferred (Up To four Departments)			
Special Requests			
Tour Group Coordinator			
Tour Group Coordinator Phone & Email	Phone:	Email:	
Tour Group Coordinator Signature			

Thank you for completing this form. Please retain a copy for your records and submit a copy to the appropriate contact:

Student Tours	Community Tours
Email: Students@parkview.com	Email: Carolyn.Moeller@parkview.com
Mailing Address: Parkview Education Center, ATTN: Student Services, 1919 W Cook Rd, Fort Wayne, IN 46818	Mailing Address: ATTN: Carolyn Moeller 3626 New Vision Drive, Building A, Fort Wayne, IN 46845