

### Guided Tour Request Form

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.

Tour Information			
<b>School/Group</b>			
<b>Tour Date Requested (Please Provide Two Alternate Dates)</b>	mm/dd/yy:	mm/dd/yy:	mm/dd/yy:
<b>Tour Time Frame</b>	Start Time:		End Time:
<b>Number of Students in Tour Group</b>			
<b>Age Range of Tour Participants</b>			
<b>Department(s) Preferred (Up to Four Departments)</b>	1.	2.	3.
<b>Special Requests/Additional Comments</b>			
Requestors Information			
<b>Tour Group Coordinator</b>			
<b>Coordinator Phone Number</b>			
<b>Coordinator Email Address</b>			

Thank you for your interest in completing a tour with Parkview Health. Please retain a copy for your records and return the form to the correct contact below for processing.

Student Tours	Community Tours
Email: <a href="mailto:Sabrina.Loving@parkview.com">Sabrina.Loving@parkview.com</a>	Email: <a href="mailto:Carolyn.Moeller@parkview.com">Carolyn.Moeller@parkview.com</a>
Mailing Address: Parkview Corporate Office, ATTN: Sabrina Loving, 10501 Corporate Drive, Fort Wayne, IN 46845	Mailing Address: ATTN: Carolyn Moeller 3626 New Vision Drive, Building A, Fort Wayne, IN 46845