Today's Date: _____

	KEARNEY AGRICULTURAL RESEARCH & EXTENSION (KARE) TOUR REQUEST FORM				
Tour Title				No. of Decelor	
Date of T	our:		Start time:	No. of People: AM End PM time	AM
Tour Rec	quested By:			Phone:	
Billing In:	structions:				
		blic KARE Website	Colondor	es No	
Tour T	rams	Bus	P.A. System	Other	
Tour G	uide:	Field Station Staff			
				Name	
Self Special Requests:			Name		

PLEASE CONFIRM ONE WEEK PRIOR TO TOUR.

A reasonable effort will be made to accommodate all requests for tours. In order to assist in scheduling, we ask that your request be submitted during the earliest stages of planning your event. Tour requests with lead times of less than 48 hours are often difficult to meet without disrupting the ongoing and planned research activities at Kearney. It is, therefore, often not possible to accommodate these unplanned or "walk-in" tour requests.

FOR OFFICE USE	E ONLY	

Request received by:

Phone:

Date Confirmed: