



Farmers Market Tour Request

School / Group Name _____

Teacher /Group Leader's Name _____

Mailing Address _____

Best # to reach you at: Work _____ Cell _____ Home _____

Email _____ Fax _____

Tour Request

Date Requested	Time Requested	Alternate Date	Alternate Time	# of Students / Group Size	Grade Level / Age Range

Time length of tour requested _____ Total time you have for visit to farmer's market _____

What parts of our tour program are you requesting:

Orientation to Farmers Market	YES	NO
Guided Tour	YES	NO
Self-guided Tour/Activity	YES	NO

Special Considerations/Curriculum/Theme: Food & Health _____ Sustainable Agriculture _____
 Interdependence _____ Energy _____ Market Math _____ Seasonality _____

FOR OFFICE USE ONLY:

Date Received:	Entered into Schedule:
Educational Mgr. Apr'd:	Visit Confirmed:

Please type or print clearly and sent by fax: 415.472.6104, email: tyler@agriculturalinstitute.org or mail to:
 Agricultural Institute of Marin, Attn: Tyler Thayer, 76 San Pablo Ave. Suite 200, San Rafael, CA 94903

