

Group Campus Tour Request Form

Campus Tours Admissions &

Recruitment One University Drive

Today's Date:

Camarillo CA 93012 Campus.tours@csuci.edu

Please also visit our website http://go.csuci.edu/tours for more information on scheduling your next campus tour.

| Contact Information | |
|--|----------------------|
| Primary Contact Name: | E-Mail Address: |
| Group Name: | |
| Mailing Address: | City/State/Zip: |
| Contact Phone Number: | Mobile Phone Number: |
| School/Organization Information | |
| Group's Contact Person during tour: | |
| Contact Person's Mobile Phone Number: | |
| Number of Student Participants (maximum of 60): | |
| Number of Educators/Chaperones (minimum of 1 chaperone/10 students): | |
| Number of Buses: | Number of Cars/Vans: |
| Grade Level: | |
| Brief description of student population (i.e. I st generation, after school program, migrant education, AVID, etc.) | |
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| | |
| Scheduling Information (Please select which type of tour you would like to reserve) | |

Guided Tour & Presentation (offered Tuesday through Friday at 10:00 a.m.) Guided

Self-Guided Tour

Indicate the date of the campus tour you are requesting:

1st Choice Date: 2nd Choice Date: 3rd Choice Date:

Confirmation regarding event date and time will be sent via e-mail along with parking information.