## The Center for Social Justice & Civil Liberties Riverside Community College District Group Tour Reservation Form Tours are available Tuesdays-Fridays, 9:00a.m.-4:45p.m. Please fill out this form below:

| Name/Preferred Contact. Please enter the name of the person who will be at the Center on the day of the      |
|--------------------------------------------------------------------------------------------------------------|
| tour:                                                                                                        |
| Preferred contact number for the day of the tour:                                                            |
|                                                                                                              |
| Email address:                                                                                               |
|                                                                                                              |
| Organization's name:                                                                                         |
|                                                                                                              |
| Name of College, University, or School District, If Applicable                                               |
| Total Number of Visitans                                                                                     |
| Total Number of Visitors:                                                                                    |
| Age, Grade Range, or Year in College of Visitors, If Applicable:                                             |
| Age, Grade Kange, or Tear in Conege or Visitors, if Applicable.                                              |
| Preferred Date:                                                                                              |
|                                                                                                              |
| Please Provide two (2) Alternative Dates:                                                                    |
|                                                                                                              |
| Please List Any Special Accommodations:                                                                      |
|                                                                                                              |
| Please tell us what time you plan to arrive and how much time you can spend at the Center (i.e.,90 minutes): |
|                                                                                                              |
| For Staff Only:                                                                                              |
| Date Received:                                                                                               |
| Received By:                                                                                                 |