



# Student/Youth Group Reservation Request Form

E-Mail: [Alison.Warren@springfield.il.us](mailto:Alison.Warren@springfield.il.us)

Today's Date: \_\_\_\_\_

**No phone reservations accepted.**

mail to:  
**SCVB-School Tours**  
**109 North Seventh Street**  
**Springfield, IL 62701**

### Have You Reviewed The Frequently Asked Questions?

To avoid any delays in processing your tour schedule, please be sure the form is complete and legible. Due to the volume of requests received, it may not be possible to process a request to tour with less than 30 days notice; please keep this in mind when submitting your request.

School/Youth Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

School Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Home/Cell Phone: (optional) \_\_\_\_\_

E-mail Address: (Used to send confirmation) \_\_\_\_\_

**Preferred Tour Dates:** (Exact dates must be provided)

To avoid delays in processing your tour schedule, especially during peak season (Fall/Spring), please provide four date choices

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_ 4th Choice \_\_\_\_\_

Is your group overnighing in Springfield?  Yes  No If so, where \_\_\_\_\_

**Touring Times:** Earliest Starting Time \_\_\_\_\_ Latest Ending Time \_\_\_\_\_

**Transportation:**  Bus  Other (train, walking, car, van)

Indicate below the total number of people (including chaperones) on each bus. Out of necessity, each bus is scheduled separately. However, every attempt will be made to keep the group together whenever possible.

Bus #1 \_\_\_\_\_ Bus #2 \_\_\_\_\_ Bus #3 \_\_\_\_\_ Bus #4 \_\_\_\_\_ Bus #5 \_\_\_\_\_ Bus #6 \_\_\_\_\_ Bus #7 \_\_\_\_\_ Bus #8 \_\_\_\_\_

\*Attach additional sheet if there are more than 8 buses in your group.

Total number of Students: \_\_\_\_\_

Total number of Chaperones: \_\_\_\_\_

Total: \_\_\_\_\_

**Grade Level(s) of Tour Group:**

K 1 2 3 4 5 6 7 8 9 10 11 12 Intl

**Requested Lunch Plans:**  Restaurant  Sack

Amount of time needed \_\_\_\_\_ Place \_\_\_\_\_

### Site Selection:

You may select up to six sites per day. Please list your site choices in **priority order with 1. being the site most important for your group to see.** Also, please choose three alternate sites you will accept if any of your first selections are unavailable.

**First Choice Selections:**

**Alternate Choices:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Indicate Special Needs** and how many for anyone in your group with a disability.

\_\_\_\_\_ Wheelchair, \_\_\_\_\_ Visually Impaired, \_\_\_\_\_ Hearing Impaired, \_\_\_\_\_ Other