



TOUR REQUEST FORM

Name of organization: _____

Name of primary contact: _____

Phone number: _____ **Best time to contact:** _____

Number of tour attendees (max of 20): _____

Approx. age of attendees: _____

Number of chaperones*: _____

Requested tour date and time:** (please rank in order of preference)

1) _____

2) _____

3) _____

*Tours are available every 15 minutes from 9:00am to 4:00pm on September 23-24.

**As Vetavision 2022 is an unsupervised event, please ensure you provide enough chaperones to meet your organization's safety requirements.

Payment: (we accept cash, e-transfer, or cheques; please send e-transfers to wcvmvetavision@gmail.com and make cheques payable to WCVM Vetavision)

____ attendees x \$5 = _____

____ chaperones (Free admission provided)

PLEASE EMAIL QUESTIONS AND COMPLETED FORMS TO: vetavisiontours@gmail.com

WE LOOK FORWARD TO SEEING YOU AT VETAVISION 2022!