Group Visit Reservation Form

We look forward to having your group on campus!

All group visit reservation requests must be received by the Admission Office within a **minimum of two weeks prior** to your anticipated visit date. We strongly recommend groups be accompanied by a **minimum of one chaperone per 10 students**. After you have submitted this reservation form, the group contact will receive a final confirmation email. If you do not receive a final confirmation email, your group visit is not confirmed.

Name of Contact:		Phone:		
Email:				
Organization Name:				
Organization Mailing Addre	ess:			
Number of Students:				
Number of Chaperones: Age of Students				
Preferred date of visit	Preferred arrival tin	ne	_ Departure tin	ne
	Visit Information (Plea	se circle your	answers)]
length. The tour guide is	aperones attend the tour.		••	
•	rmation session about ho		SUNY Morris <i>N</i> o	ville? Each info
	fic area or department hiç		Yes	Νο
•	vhile on campus? Yes		d rate of \$6 pe	r person.
Does anyone in your gro provided:	oup require special accomm	odations? If so	o, please deta	ail in the space

Thank you for your emailed or faxed request(s). We look forward to meeting you and your group!

SUNY Morrisville Office of Admissions Email: admissions@morrisville.edu Phone: 315.684.6046 Fax: 315.684.6427

FOR OFFICE USE: Date received_