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 Address:_				
Number of Students:				
Number of Chaperones: Age of Students				
Preferred date of visit	Preferred arrival tir	me	Departure	time
V	isit Information <i>(Plea</i>	se circle you	ır answers)	
length. The tour guide is a c Please make sure all chaper Would you like an informat session is approximately 30 would you like a specific a What area of interest?	ones attend the tour. ion session about hominutes in length. rea or department high	ow to apply to Yes ghlighted?		
Would you like lunch while A separate form will be sent for Does anyone in your group r provided:	on campus? Yes	s No ice is at a reduc	ced rate of \$6	
Thank you for your emailed or faxe	ed request(s). I look forwar	d to meeting you	ı and your grou	p!
Patti Purdy-Henderson SUNY Morrisville Admissions Secretary purdypa@morrisville.edu or 315.684.6046	(fax: 315.684.6427)	FOR O	FFICE USE: Date	received