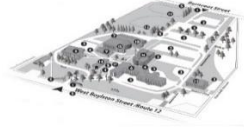


Quinsigamond Community College CAMPUS GROUP TOUR FORM Admissions Office



Please fill out the group tour request form.

Organization Name: _____

Contact's First Name: _____

Contact's Last Name: _____

Contact's E-mail: _____

Contact's Phone No.: _____

Organization's Address: _____

Address (Line 2): _____

City: _____ State: _____ ZIP Code: _____

TOUR INFORMATION

Group Tour Time for Fall 2018- Spring 2019: Please select one

- Fridays: 10 am – 11 am**
- *Other Day and Time: _____ *(Please note that tour requests outside of the Group Tour Time will be based on the availability of staffing on the date and time requested.)**

Requested Date: _____ Grade Level/Age Range of Group: _____

Alternative Date: _____ Number in Tour Group: _____

Are you seeking specific information about a particular program? _____

Any other special requests or accommodations? _____

Persons needing accommodations for this event can contact Judith D'Angelo at 508.854.4360 one week before the event day. *Please fax your Group Tour Form to 508.854.7525 or email to Judith D'Angelo at jdangelo@qcc.mass.edu

Thank you for requesting a group tour of Quinsigamond Community College. We look forward to your visit. After the review of the completed form, you will be contacted by Judith D'Angelo to confirm availability.

We will see you soon!

Judith D'Angelo
Senior Enrollment Counselor
Phone: 508.854.4360
Fax: 508.854.7525
jdangelo@qcc.mass.edu