REQUEST FOR GUIDED TOUR



Tour Date Requested	Time Requ	lested	
Name of Requester			
First name	Last name		
Contact information			
Phone	E mail address	E mail address	
Description of Group	How many Adults?		
Prepayment required. Credit card number	Expiration date	Security code	

This form must be saved and e mailed to Groupdesk.CSRM@parks.ca.gov Confirmation to follow by Groupdesk. If you have any questions please contact the Groupdesk at 916-323-9274.