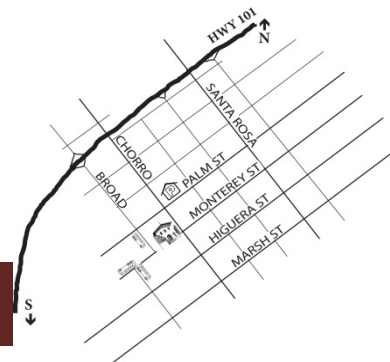




# Mission San Luis Obispo de Tolosa Pro Cathedral

751 Palm Street • San Luis Obispo, CA 93401  
Phone: 805.781-8220 Fax: 805.781-8214  
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## Tour Application Form

Name of School or Organization: \_\_\_\_\_

We are:  a School.  an Organization. (Describe): \_\_\_\_\_  
(.....Check one.....)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email address: \_\_\_\_\_ (Include Area Code)

Note: Tours are 45 minutes to 1 hour in length

**NOTE: DOCENTS WILL NOT BE AVAILABLE TO LEAD ANY TOURS ARRIVING MORE THAN 30 MINUTES AFTER SCHEDULED TIME**

Date and time requested: Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

Alternate Date and time: Date: \_\_\_\_\_ Day: \_\_\_\_\_ Time: \_\_\_\_\_

How many in tour? Number of Adults: \_\_\_\_\_ Number of Children: \_\_\_\_\_

**School tours are limited to 55 people (Students and adults)  
minimum 4th grade level - must be scheduled 30 days in advance.**

Tell us about any special needs for your group: \_\_\_\_\_

### Contact Information

Name of person in charge of Tour: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name of Group leader (If different from above): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
(Include Area Code)

*Please note that tours other than School groups will be asked for a donation of \$5.00 per adult.  
All donations go to Old Mission Church. No additional charges should be made.*

### Mission Office Use

Date Application Received: \_\_\_\_\_

Amount received: \$ \_\_\_\_\_

Docents assigned (One Docent for every 25 in group)

Lead Docent: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Docent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Docent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Docent Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Confirmed with Group: _____	Date: _____	Who? _____
Entered in Calendar: _____	Date: _____	Who? _____
Confirmed Docents: _____	Date: _____	Who? _____
Notified Minerva: _____	Date: _____	Who? _____