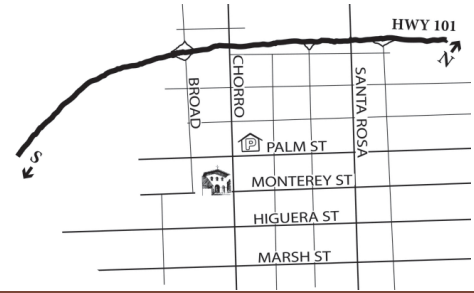




Mission San Luis Obispo de Tolosa Pro Cathedral

751 Palm Street • San Luis Obispo, California 93401
Phone (805) 781-8220 • Fax (805) 781-8214
e-mail: office@oldmissionslo.org
Web address: www.missionsanluisobispo.org



Tour Application Form

Name of School or Organization: _____

We are: a School. Describe: _____
 an Organization.

Address: _____ Phone: _____

City, State, Zip: _____ Fax #: _____

Email Address: _____ (Include Area Code)

Note: Tours are 45 minutes to 1 hour in length.
Our tours are designed for children 4th grade and older.

**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: _____

Grade Level of Students? _____ Number of Adults: _____ Number of Children: _____

*There is no charge for students,
but if you would like to make a \$1.00 donation per child, that would be appreciated.*

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: _____
(Include Area Code)

Confirmed with Group: _____ Date: _____ Who? _____

Entered in Calendar: _____ Date: _____ Who? _____

Confirmed Docents: _____ Date: _____ Who? _____

Notified Minerva: _____ Date: _____ Who? _____