

Washington State University Tree Fruit Research and Extension Center  
Tour Request Form

Requestor Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Company/Organization: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Tour Details

Proposed Tour Date(s): \_\_\_\_\_

(Depending on the seasonal/commitment of faculty, required lead time may vary.)

Number of Attendees: \_\_\_\_\_ Proposed Time/Duration: \_\_\_\_\_

NOTE: If attendees are minors, ONLY tours supervised/chaperoned by requesting organization will be allowed.

Purpose of tour/areas of interest: \_\_\_\_\_

Person who referred you to WSU TFREC (if applicable): \_\_\_\_\_

Printed Name of Responsible Party: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Megan Welker ([megan.welker@wsu.edu](mailto:megan.welker@wsu.edu)) or Darla Ewald ([dewald@wsu.edu](mailto:dewald@wsu.edu)), 509-293-8800, with questions.

**For TFREC use ONLY**

Room reserved (if applicable): \_\_\_\_\_

Facilities/equipment needed: \_\_\_\_\_

Parking requirements: \_\_\_\_\_

Designated TFREC host/leader: \_\_\_\_\_

Designate other TFREC participants: \_\_\_\_\_

Copy of form to Admin and other applicable manager:      Facilities      Farm