



CHKD TOUR REQUEST FORM

Please complete and submit to KD office 3-4 weeks prior to requested tour date.

Date Request Submitted: _____ Circle: _____

Organization or Group (if applicable): _____

Request Submitted by: _____
(Circle member name)

Phone: _____ Email: _____

Requested Tour Date (Weekdays preferred. Please avoid holidays, KD Connect meeting and Major Project dates.)

1st Date Request: _____ 1st Time Request: _____ AM/PM
MM/DD/YY

2nd Date Request: _____ 2nd Time Request: _____ AM/PM
MM/DD/YY

Length of Tour preferred (30min – 45min – 1hour): _____

Approximate number of people touring: _____ (This will determine the quantity of guides)

Do you need a meeting room inside CHKD? _____

(A meeting room can be booked for you if your Circle will be holding a meeting following your tour)

Tour Preparation/Notes:

- Tours are available at CHKD or an offsite CHKD facility from March 1 – October 31 each year.
- Appropriate hospital forms must be signed by all those taking tour.
- Tour will begin in CHKD Main Lobby promptly at start time.
- Park in Visitors' Parking Garage.
- Remind your Circle members to bring parking ticket into hospital for validation.
- Request Circles members to not attend tour if they are ill or have any symptoms.
- Once a tour guide and meeting room (if applicable) is confirmed, you will receive a confirmation email. Please allow 3 weeks minimum for KD office to confirm guide and room.

Submit completed form to:

The King's Daughters Office | 601 Children's Lane, 2nd floor | Norfolk, VA 23507 | Tel: 757.668.7098
Fax: 757.668.8907 | Email: info@kingsdaughters.org

FOR FURTHER INFORMATION OR QUESTIONS, PLEASE CONTACT THE KD OFFICE at 668-7098

KD Office Use Only:	
Tour Guide(s) Confirmed Date: _____	Guide(s) Name: _____
Meeting Room Booked (if applicable): _____	
2017 – 2018 Fiscal Year	