

**Ronald Reagan Presidential Library and Museum  
Tour Reservation Form**

Name of School \_\_\_\_\_

School Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

School Telephone Number \_\_\_\_\_

School Fax Number \_\_\_\_\_

Name of Contact \_\_\_\_\_

Preferred Contact Telephone Number \_\_\_\_\_

Preferred Contact Email Address \_\_\_\_\_

Mailing Address for Tour Confirmation (if different from above):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Tour Request Information**

Number Students to Attend \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Tour Guide Requested:      YES      NO

Date Preferences: First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

*Please Circle your Choice of Tour Time:*

Morning:      9:30 AM      9:45 AM      10:00 AM      10:15 AM      10:30 AM      10:45 AM      11:00 AM

Afternoon:      1:00 PM      1:15 PM      1:30 PM      1:45 PM      2:00 PM      2:30 PM

Will you class be having lunch at the Library? \_\_\_\_\_

Please return the Tour Reservation Form to:

Ronald Reagan Presidential Library and Museum  
Attn: Visitor Services Department  
40 Presidential Drive  
Simi Valley, CA 93065  
FAX (805) 577-4074