

TOOELE COUNTY DETENTION CENTER
TOUR APPLICATION REQUEST

NAME OF GROUP: _____

GROUP LEADER: _____ PHONE: _____

NAMES OF CHAPERONES: _____

DATE AND TIME REQUESTED FOR TOUR:

1. _____

2. _____

You will only be contacted should your tour be cancelled or your 2nd date selection is used.

PLEASE RETURN THE COMPLETED APPLICATION AND CONSENT FORM TO THE TOOELE COUNTY DETENTION CENTER COMMANDERS OFFICE AT LEAST 1 WEEK PRIOR TO YOUR REQUEST.

THANK YOU.

TOOELE COUNTY DETENTION CENTER
TOUR CONSENT FORM

I, the parent or legal guardian of the undersigned child, do hereby give my permission for him/her to tour the Tooele County Detention Center.

CHILD (print name)

PARENT SIGNATURE

1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____
7. _____	7. _____
8. _____	8. _____
9. _____	9. _____
10. _____	10. _____
11. _____	11. _____
12. _____	12. _____
13. _____	13. _____
14. _____	14. _____
15. _____	15. _____