

BELLEVILLE FIRE & RESCUE



Fire Station Tour Group Information

Contact Name: _____ **Today's Date:** _____
Name of Tour Group: _____
Contact's Email: _____ **Contact's Phone:** () _____

Fire Station Requested: _____

Date Requested <small>(List 3 possible dates that tour group could attend)</small>	Age Group <small>(number of children to a max of 30)</small>	Number of Adult/Supervisors <small>(minimum of 1 adult/supervisor per 4 children)</small>
1 st Choice:	<input type="checkbox"/> 4 - 7 years:	
2 nd Choice:	<input type="checkbox"/> 8 -11 years:	
3 rd Choice:	<input type="checkbox"/> 12 & above:	

Comments

For Department Use Only

Date of Tour: _____ **Time of Tour:** _____ **Shift On Duty:** _____ **Station:** _____
Fire Prevention Material Needed: Yes ___ No ___
Copy to: Deputy ___ Prevention ___ Training ___ Duty Captain ___
Date Received: _____
By: _____

