



Learning in Retirement Tour Proposal Form



Coordinator: _____ **Phone:** _____

Co-Coordinator: _____ **Phone:** _____

Tour title: _____

Tour description: _____

Proposed Date: _____ **Day of Week:** _____ **Maximum Enrollment:** _____

Coach Arrival time: _____ am pm **Depart time:** _____ am pm **Return time:** _____ am pm

SUGGESTED FORMAT: Coach Tour School Bus Tour Carpool Tour

TOUR ITINERARY:

Please indicate all the places where you will stop with an address, name of contact person and phone number. The tour bus coordinator will calculate mileage based on addresses you provide.

FEES: Tickets: \$ _____ Location: _____
Meal: \$ _____ Other: \$ _____ Location: _____

Please include any special arrangements that needs to be in the Final Arrangement letter:
 bring own meal outdoor activity special dress extensive walking other _____

**Complete entire form and return to Curriculum Chair or Office of Continuing Education and Extension,
Attn:LIR at 800 Algoma Blvd., D345, Oshkosh, WI 54901 Fax: 920-424-1803**