

United States House of Representatives



Congresswoman Niki Tsongas (D-MA)

Tour Requests

DATE RECEIVED: _____

NAME: _____

ADDRESS: _____

TELEPHONE: (H) _____ (W) _____

(F) _____ (C) _____

Contact number while in DC: _____

EMAIL: _____

Time and Date of Arrival in DC: _____

Time and Date of Departure from DC: _____

NUMBER OF PEOPLE: ADULTS ____ CHILDREN OVER 7 ____ UNDER 7 ____

TOURS REQUESTED:

Please ONLY place a check in the left column to indicate tours requested:

The tour coordinator upon follow-up will complete the other columns.

<input checked="" type="checkbox"/>	Tour Type	Date	Time	Confirmation No.	Tour Name
<input type="checkbox"/>	Capitol Tour w/ Gallery Passes				
<input type="checkbox"/>	White House				
<input type="checkbox"/>	Kennedy Center				
<input type="checkbox"/>	Supreme Court				
<input type="checkbox"/>	Library of Congress				
<input type="checkbox"/>	Bureau of Printing and Engraving				

SPECIAL INSTRUCTIONS:

Tour Requests Constituent Follow-up Sheet

DATE RECEIVED: _____

GROUP NAME: _____

NAME (first, m initial, last)	Address	D.O.B.	SSN xxx-xx-xxxx	Country of Citizenship	I.D. Status
					Received: Sent:

Follow-up Notes

Date	Action	Note