

*PLEASE SUBMIT REQUESTS 3 WEEKS PRIOR TO YOUR PREFERRED TOUR DATE- Complete form and email to mcheritage@att.net or mail to: P. O. Box 1929 McAllen, Texas 78502-

ALL TOUR REQUEST MUST BE PRE-APPROVED BY THE MUSEUM

Organization or G	roup Name:		
Contact Person:_		· · · · · · · · · · · · · · · · · · ·	Phone:
Address:		Email:	
Preferred Date	and Time for Tour:		
1 st Choice:		Time:	
2 nd Choice:		Time:	
Type of Group:	:		
() School	() Family	() Other:	
Age Level:			
() Adult	() College	() School	(grades)
Expected num	ber of attendees:		
Other commen	ts/auestions:		
Special accom	modations and con	siderations:	
Is there some s	specific topic you w	rish to cover durin	g this tour?:
person may be pa provide some limi	id at the time of entry. ted free parking for vis	Any additional donat itors in the rear parki	oes not charge a tour fee, however a donation per ions will be gratefully accepted. The museum does ng area. Special parking needs should be at proper arrangements may be made.
Phone	e: 956-687-1904 Email:	mcheritage@att.net V	on located at 301 S. Main St. McAllen, Texas 78501 Vebsite: www.mcallenheritagecenter.com to 5pm and Saturday from 11am to 4pm
Internal use onl Date held:	y: Number of a	ttendees:	MHC Staff/Docent: