

Check when Confirmed

OFFICE OF
CONGRESSMAN JOHN CULBERSON

WHITE HOUSE TOUR REQUEST FORM

Date(s) Requested: _____

Group Name: _____

Group Contact: _____

Address: _____

Phone: _____ **Fax:** _____

Number in Group: _____

*Once submitted, may not be changed to accommodate any additions to group

DC Tour Group Contact: _____

Please provide all requested contact numbers. We will need to contact you if scheduling changes.

Day: _____

Evening: _____

Cell: _____

Fax: _____

Hotel Name and Number: _____

Special needs:

When completed, please fax to (202) 225-4381.

Once faxed, please call (202) 225-2571 to confirm receipt of your information.
