



Tour Information Sheet
Six Nations Fire Department
17 Veterans Lane
P.O. Box 5000
Ohsweken, Ontario
N0A1M0



Phone: 519-445-4054 Fax: 519-445-0326
To be completed prior to tour by interested group

| | | | |
|---|--|--|--|
| Group Name: | | Group Address: | |
| Phone Number: | | | |
| Fax Number: | | Email Address: | |
| Contact Person: | | | |
| Visit Date: | | | |
| Arrival Time: | | Departure Time: | |
| What is the Primary age of the participants: | | How many participants will there be: | |
| What Equipment would be required: <input type="checkbox"/> Sparky <input type="checkbox"/> Movies <input type="checkbox"/> Fire Trucks <input type="checkbox"/> Kids Fire Hats <input type="checkbox"/> Kids Prizes <input type="checkbox"/> Pamphlets <input type="checkbox"/> Adult Prizes | | What does the group want to learn the most about: | |
| When completed please: Email to Crystal Johns cjohns@sixnations.ca | | <u>For Office Use only:</u> Instructors: _____ Topics Presented: _____ _____ _____ | |
| or Fax to: (519)445-0326 Attention: Crystal | | | |