



FSC TOUR APPLICATION

Name of group, organization, or class: _____ Date of received request: _____

Reason for tour: _____

Name of contact person making request: _____

Phone number(s): _____

E-mail, (if available): _____

Size of group: _____

Date requested and time: _____

Arrival time: _____ Departure time: _____

Mode of transportation: _____

Type of tour requested, (please check):

Sanctuary	Narthex	Memorial Tower Room
Architecture	Art	Stained Glass Windows (allow for 1 hour)
Symbolism	History	General Overview
Exterior		

Any accommodations needed: _____

Tour contact person/Tour Leader assigned: _____

Any further information to provide, (or for questions), please contact:

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