



ST. VINCENT DE PAUL REGIONAL SEMINARY CAMPUS GROUP VISIT/TOUR REQUEST FORM

In order to consider your request, we ask that you complete the following form and return to scadow@svdp.edu, or mail to our offices. Please understand that not every group requesting a visit can be accommodated. Providing for the formation of seminarians is our number one priority, and at times group visits conflict with academic programming and the use of our facilities.

Date: ____/____/____

Organization/Group: _____

Group Contact: _____ Phone Number: _____

E Mail: (required) _____

Address: _____

City: _____ State: _____ Zip: _____

Reason for visiting SVDP: _____

Desired date or time frame of visit: _____

Number of individuals you would expect to attend: _____ Average age: _____

Would you like St. Vincent de Paul to provide a speaker for your group? Yes _____ No _____

Would you like a tour of campus? Yes _____ No _____

Other information relative to your request for visiting SVDP: _____

Thank you.