DE LA SALLE MEDICAL AND HEALTH SCIENCES INSTITUTE | ACADEMICS
LASALLIAN ADMISSION AND SCHOLARSHIP OPPORTUNITIES

Group Tour Request Form

Preferred Date: _____ Number of Participants: _____
Preferred Time of Arrival: _____ Preferred Time of Departure: _____

Name of School: _____
Address of School: _____
Contact Number of School: _____
Email Address / Website: _____
Representative/s & Designations:
_____
_____
_____

Certificate of Acknowledgement
I understand that this Registration Form is not valid without school seal.
I understand that I should follow DLSMHSI Campus Tour Rules & Regulations.

Endorsed:

_____
Signature over Printed Name of the Guidance Counselor

Approved:

_____
Signature over Printed Name of the School Principal / Director

Thank you for your interest in visiting De La Salle Medical and Health Sciences Institute. We will be in contact with you for confirmation regarding your campus visit. We are looking forward to welcome you to our campus.