**Docent Tour Program Application Form**

Please fill out the following form

|  |  |  |  |
| --- | --- | --- | --- |
| NAME(Group Name) |  | Number of Participants |  |
| \* Please check the box.  |  **□ ACC Archive & Research****Docent Tour Program** |
| Tour Course | □ 11:00 AM□ 1:00 PM □ 2:00 PM □ 3:00 PM □ 4:00 PM □ 5:00 PM □ 6:00 PM **(Only on Wed & Sat)** |
| Tour Dates | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Day / Month / Year ) |  |
| Type of Group | □ Student □ Adult □ Other ( )\* Please check the box |
| Your Information | Name |  |
| Mobile  |  |
| Email |  |
| Language | □ English □Japanese \* Please check the box.  \* Currently, only **English** and **Japanese** tours are available.  |
| Tour Duration | **ACC Archive & Research****Docent Tour Program** |
|  About 60 Minutes\* Tour Meeting Point**:** At B3 Library park of **ACC Archive & Research** |
| Please complete and return this form to : **acc-docent@aci-k.kr**※ Your booking will be confirmed when you get our response with the details. |
| I hereby pledge to abide by all rules, regulations protocols & procedures set forth by the ACC Tour and summit my application form.Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( Day / Month / Year)  Name: Signature : |