



**PORT OF GUAM**  
 ATURIDAT I PUETTON GUAHAN  
**Jose D. Leon Guerrero Commercial Port**  
 1026 Cabras Highway, Suite 201, Piti, Guam 96915  
 Telephone: 671-477-5931/35 Facsimile: 671-477-2689/4445  
 Website: [www.portguam.com](http://www.portguam.com)



**Lourdes A. Leon Guerrero**  
 Governor of Guam  
**Joshua F. Tenorio**  
 Lieutenant Governor

# TOUR REQUEST FORM

Please complete this form and submit via email to [tours@portofguam.com](mailto:tours@portofguam.com) as early as possible and no later than two weeks prior to anticipated tour date.

**Name of Agency/Company:** \_\_\_\_\_

**Date and time of requested tour:** \_\_\_\_\_

**Age range of children in the group, if applicable:** \_\_\_\_\_

**Number of adults and children in the group:** \_\_\_\_\_ Adults \_\_\_\_\_ Children

**Point of Contact information:**

_____	_____	_____
Name	Phone Number	Email Address

_____	_____	_____
Name	Phone Number	Email Address

**Names of adults with photo ID attached:** \*Photo IDs must be provided 24 hours in advance to obtain proper security clearances.

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All children are the sole responsibility of their accompanying parent, guardian or chaperone(s) and MUST be supervised at all times. There is no fee for facility tours.