



**McMASTER UNIVERSITY**  
**NUCLEAR REACTOR**  
 1280 Main Street West  
 Hamilton, ON CANADA  
 L8S 4K1 Phone: (905) 525-9140 x24279

NAME \_\_\_\_\_ DATE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

AFFILIATION: McMaster  Student  Media  Contractor  Other

PURPOSE OF VISIT: Tour  Other: \_\_\_\_\_

MNR USE ONLY			
DOSIMETER #	READINGS	TIME	TOUR GUIDE
	IN	IN	
	OUT	OUT	
ID VERIFIED	ID TYPE & NUMBER		

**PLEASE TURN OVER**

I agree to abide by the rules and regulations of the McMaster Nuclear Reactor and will follow the directions and instructions of the McMaster Nuclear Reactor Tour Guide.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent or Guardian must sign if visitor is under 18.**