

BOOKING FORM 2008/09

SECTION 1 – YOUR DETAILS

Teacher's name: _____ Department: _____

School/organisation: _____

Address: _____

Town/City: _____ Post code: _____

Telephone number: _____ Fax number: _____

Email address: _____

How did you hear about our education programme?: _____

SECTION 2 – YOUR VISIT

Please tick one

Aquarium visit Outreach programme

Date requested: _____ Time requested: _____

Aquarium visit: No. of student (3-15): _____ No. of concessions (16+): _____

No. of paying adults (see ratios overleaf): _____ Age of students: ____ to _____

No. of Classroom sessions (max 33): _____ No. of Guided Tours (max 20): _____

No. of Behind the Scenes Tour (max 10): _____ No. of Handling Sessions (max 20): _____

Classroom session Topic: _____

Outreach programme: No. of sessions: _____ Age of students: ____ to _____

SECTION 3 – AQUARIUM VISIT REQUIREMENTS

Number of kids hot meals at £2.75: _____ Number of kids cold meals at £2.75: _____

Number of kids goody bags at £2.99: _____ Number of kids goody bags at £4.99: _____

SECTION 4 – PAYMENT

I enclose a cheque for the sum of: _____ Invoice required for balance Yes/No: _____

Please sign below to confirm that you have read and understood the terms and conditions printed over leaf:

Signature: _____ Date: _____

Try our free teacher preview visit call 01383 411880 to book your FREE visit today!