

Museum Visit

Booking

1. Name of Organisation/School:.....

2. Address:.....

.....

3. Tel. No.:..... Fax. No.:.....

4. Email:

5. Name of Responsible person:.....

6. Class or Age group:.....

7. No. of persons/students:.....

8. Name of Museum/Exhibition:.....

7. Proposed Date and Time of visit:.....

8. Duration of visit:.....

9. Mode of transport:.....

10. Do you require a guide? YES..... NO.....

11. Any other activity you would like to do in the museum:.....

.....

12. Person making request:

Name:..... Position:.....

Signature:..... Date:.....

For Office Use Only:

Approval:

Date:

Museum Educator:

Arrangements/:.....

Comments