

Education Group Visit Booking Request Form



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|----------------------------------|----|---|----|
| Contact details: | | | |
| Name: | | | |
| Institution: | | | |
| Postal Address: | | | |
| | | | |
| | | | |
| Phone: | | Best times to phone: | |
| Fax: | | Email: | |
| Visit details: | | | |
| Possible dates: | 1. | 2. | 3. |
| Arrival time: | | Departure time: | |
| Educator-led sessions requested: | | Self-guided exhibition visits requested: | |
| 1. | | 1. | |
| 2. | | 2. | |
| 3. | | 3. | |
| 4. | | 4. | |
| Group details: | | | |
| Number of students: | | Supervising adults are free at these ratios: <ul style="list-style-type: none"> • 1:1 for special needs • 1:4 for under 5 years • 1: 4 for primary students • 1:10 for secondary students | |
| Student year level: | | | |
| Number of supervising adults: | | | |
| Comments: | | | |
| | | | |

How did you find out about us?

- | | | | |
|---|---------------------------------------|---|-----------------------------------|
| <input type="checkbox"/> Museum website | <input type="checkbox"/> Social media | <input type="checkbox"/> e-newsletter | <input type="checkbox"/> Fax |
| <input type="checkbox"/> Museum flyer | <input type="checkbox"/> Publication | <input type="checkbox"/> Repeat visitor | <input type="checkbox"/> Referral |

Payment: On day of visit by cash, school cheque or credit card **or** your school can be invoiced.

Note: A booking confirmation will be sent to you by the Australian Museum Booking Officer.

Please fax this form to the Australian Museum Booking Officer on (02) 9320 6072