





## EDUCATION PROGRAMS

BOOKING FORM

Tour ID #:

DAY OF VISIT:							DATE OF VISIT	Start TIME	End TIME
<input type="checkbox"/> mon	<input type="checkbox"/> tue	<input type="checkbox"/> wed	<input type="checkbox"/> thu	<input type="checkbox"/> fri	<input type="checkbox"/> sat	<input type="checkbox"/> sun			
School:									
Contact name:									
Postal address:							Postcode:		
Phone:				Mobile:			Fax:		
Email:									
Invoice to be made out to:									

EXPERIENCE:						
	Primary School K-6			High School 7-10		11-12
Stage	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
Curriculum Area						

Specific Area of Study:	Price per student:
<input type="checkbox"/> <b>A Skip through Quarantine</b>	\$12.50
<input type="checkbox"/> 	\$15
<input type="checkbox"/> 	\$15
<input type="checkbox"/> 	\$20
<input type="checkbox"/> <b>Quarantine Station Site Study</b>	\$15
<input type="checkbox"/> 	\$15
<input type="checkbox"/> <b>QUARANTINE STATION UNWRAPPED</b>	\$20
<input type="checkbox"/> Other: Ghost Tour for Schools	\$22

DO ANY OF THE MEMBERS OF YOUR GROUP HAVE ANY SPECIAL NEEDS  yes  no

Please describe briefly:

	BOOKED NUMBERS			ACTUAL NUMBERS	
	number	price	total	number	total
Adult:		\$	\$		\$
Student:		\$	\$		\$
TOTAL amount due:			\$		\$

