|  |  |
| --- | --- |
| School/College Name |  |
| Address & Postcode |  |
| Telephone(s) |  |
| Email(s) |  |
| Main booking contact name |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of students | Age | School year | Total number of adults |
|  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Venue (✓) |  |  | Victoria Art Gallery |  |  |

|  |  |
| --- | --- |
| Dates preferred (please indicate first and second choice)  |  |

|  |
| --- |
| Please advise us of any specific requirements – special needs, first language, wheelchair user etc.  |
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| --- |
| Please advise of learning objectives/what sessions you would like |
|  |

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| --- |
| OFFICE USE - LB |

|  |  |
| --- | --- |
| Date booked |  |
| General info |  |
| Workshop leader |  |

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| --- |
| OFFICE USE – Group Sales |

|  |  |
| --- | --- |
| Galaxy  |  |
| Email Customer/LB |  |

|  |
| --- |
| **PLEASE RETURN THIS FORM TO : heritage\_learning@bathnes.gov.uk**  |