

CAIRNS REGIONAL GALLERY EDUCATION BOOKING REQUEST FORM



School/TAFE/College: _____

Teacher: _____

Ph: _____ Fax: _____ email: _____

Type of booking, please specify: (guided tour, self guided tour, tour with short activity, tour with gallery run workshop) _____

Do you want to be invoiced or pay on the day? _____

Date of booking : 1st preference _____

2nd preference _____ 3rd preference _____

Arrival Time: _____ Departure time: _____

Number of Students: _____ Year level: _____

If ESL group, level of English: _____

Please note any area of focus/ interest for your group:

RETURN VIA FAX: 07 4031 6410 or EMAIL: programs@cairnsregionalgallery.com.au

PLEASE NOTE: Bookings are not confirmed until you receive a Booking Confirmation Form

For assistance completing this form or further information please phone the Public Programs Manager on 4046 4888 or email as above.