GROUP BOOKINGS

Once this form is completed and return to the Gallery & Museum, our Visitor and Volunteer Experience Officers will contact you to discuss your requirements.

Name of Company/Group								
Coordinator/Chaperone Name								
Address								
Phone								
Email					Website			
Requested visit da	<u> </u>	9 Musa	um is anon Mandau	to Erida	Date	20n m		
**Please Note: The Gallery & Museum is open Monday to Friday, 10.00am – 4.30pm								
Arrival time			☐ am ☐ pm	Dep	oarture Time			□ am □ pm
Number of visitors in group				Numb	per of chaperones in group			
Any special needs? Yes			□ No					
If yes, please describe								
Type of visit		Guided to	tour of exhibition our of exhibitions I (Local History) To our of one exhibiti	our	ase advise:			
Extra requests								
Any additional information								



