

HAMILTON ZOO SCHOOL BOOKING FORM

PLEASE PRINT THIS FORM, COMPLETE THEN FAX TO 07 8386960

Contact Name: _____

School Name: _____

School Address: _____

Telephone Number: _____

Mobile No: _____

Fax No: _____

Email: _____

Proposed Visit Date: _____

Total No. of Students: _____

Year Levels: _____

Number of Classes: _____

Lesson Time(s) - (Circle session times you would like to book):

09.00

10.00

11.00

12.00

13.00

14.00

Context: _____

Learning Objectives:

What assessment activity do you have planned as a result of your visit?

What pre-visit work will have been completed?

Do you have any post-visit requirements?

For any other concerns or queries please call (07) 838 6887

PLEASE NOTE: YOU SHOULD RECEIVE CONFIRMATION OF YOUR BOOKING
(SUBJECT TO AVAILABILITY) WITHIN 48 HOURS

