## Museum School Trip booking form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Trip Date: |  | | | Phone: | |  | |
| Email: |  | | | Fax: | |  | |
| Address |  | | | | | | |
|  | | | | | | |
| **Group & topics details** |  | | | | | | |
| Year | 1-3 | 4-6 | 7-8 | | 9-10 | | 11-13 |
| Quantity |  |  |  | |  | |  |
| Total group size: | Children | | 12 | | Adults | | 2 |
| Programme focus | Maths/statistics  Sciences  Social Sciences  Arts  English  Technology  Health/Phys Ed  Languages | | | | | | |
| Subject | History | | Level | | |  | |
| **Contact details** |  | | | | | | |
| Name of group organiser |  | | | | | | |
| Contact cell phone on day |  | | School Transport | | |  | |
| Accommodation the previous night |  | | | | | | |
| Where did hear about this trip? |  | | | | | | |
| **Office Details** | Order Number: | | | | | | |
| Payment Method: |  | | | | | | |

Please complete this form and either email [info@russellmuseum.org.nz](mailto:info@russellmuseum.org.nz)

Or

Post to Russell Museum, 2 York Street, Russell, Northland 0202