## 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

Or

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