DEPARTMENT OF THE
house of representatives

## SCHOOL BOOKING FINAL NUMBERS FORM

| Booking details |  |  |  |  |
| :--- | :---: | :---: | :---: | :--- |
| Event ID | Date Day Select | Month Select | Year Select | Year level |
| School details |  |  |  |  |
| Full name of school |  |  |  |  |
| Suburb | Email |  | State Select | Postcode |
| Phone |  |  |  |  |
| Organising teacher's name |  |  | Mobile |  |

## Final numbers

Number of students Number of teachers Number of other adults Total attendees 0

## Comments

For example: If the school has more than one group and you would not like the numbers evenly divided, please outline below how many total attendees for each group. Where multiple schools are part of a combined booking, please provide the break down of numbers for each school

## Agent details

| Name | Company |  |
| :--- | :--- | :--- |
| Phone | Email |  |

## Considerations

For example: Accessibility, dietary requirements, adapting learning experiences

