



SCHOOL BOOKING FORM

PROGRAM NAME _____

SCHOOL NAME _____

HEAD TEACHERS NAME AND MOBILE _____

ADDITIONAL TEACHER'S NAME _____

Gender breakdown of staff _____

DATE OF OVERNIGHT STAY _____

YURTS OR SWAGS _____

EXPECTED TIME OF ARRIVAL _____

PLEASE FORWARD MANIFEST (name of all people attending)

NUMBER OF STUDENTS Year/Age of students _____

Gender Breakdown of students: _____ ITSI _____

BUS DRIVERS' NAME AND MOBILE: _____

Any Dietary requirements _____

Any other relevant information, Birthdays, special needs, etc.

Additional programs or excursions
