

BOOKING REQUEST

Booking Reference No: _____
*Office Use Only

School Name: _____

School Address: _____

City: _____ State: _____ Postcode: _____

Booking Contact Phone/Mobile No: _____

Coordinating Teacher Name: _____

Email: _____

Please note we use email as our **primary contact method** please provide the name/email of any other staff who will be accompanying students during the BioLAB program.

Class Teacher Name/s: _____

Email: _____

Program Type: Outreach In-House

BioLAB Program Name/s: _____

Preferred dates 1: _____ 2: _____

Session Times : _____

Standard session times are: **AM:** 9.30am - 11.30am / **PM:** 12.30-2.30pm or 1pm-3pm this is to ensure the centre can also cater for other groups.

Subject Area: _____ Year Level: _____ Class Code: _____

No. of classes: _____ No. Students: _____ No. Staff _____

(include Aides/Parents)

Students with Medical or Disabilities: _____

(eg: asthma, anaphylaxis, heart or lung conditions etc)

WHAT'S NEXT?...

Email this form to: **admin@biolab.vic.edu.au** OR Fax to **(03) 4245 4121**
We will contact you as soon as possible to confirm if your requested dates are available.
If you would like to discuss the booking further with one of our education staff please contact us on **(03) 4245 4100** between school hours Monday - Friday.