

BOOKING REQUEST

Booking Reference No: _____
*Office Use Only

School Name: _____

School Address: _____

City: _____ State: _____ Postcode: _____

Teachers First Name: _____ Surname: _____

Teachers Contact Phone/Mobile No: _____

Email: _____

* Please note we use email as our primary contact method.

Program Type: Outreach In-House

BioLAB Program Name: _____

Preferred dates 1: _____ 2: _____

Session Times 1: _____ 2: _____

Subject Area: _____ Year Level: _____

No. of classes: _____ No. Students: _____ No. Staff _____
(include Aides/Parents)

Students with Medical or Disabilities: _____
(eg: asthma, 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.

Office Use Only

IH B.Sys Bus Sch.Type: _____ OR - Accom Car Staff: _____