A picture containing text, clipart

Description automatically generated

**Schools / Education Group Booking Form**

Please complete this form and send it to schools@vangoghaliveuk.com

|  |  |
| --- | --- |
| **School Details /**  **Your School** |  |
| Name of School/ Education Group |  |
| Address |  |
| Postcode |  |
| Phone Number |  |
| Finance Email |  |
| Is a Purchase order number required for payment to be released? |  |
| **Group Leader Details/ Your Group Leader** |  |
| Name |  |
| Phone Number (Contactable on day of Visit) |  |
| Email |  |
| **Booking Request:** |  |
| Date |  |
| Time |  |
| Number of Students |  |
| Number of Staff |  |
| Total Ticket Cost |  |
| Age Range / Year Group(s) of Students/ any additional info |  |
| Does your group have any additional needs / access requirements that Van Gogh Alive should be aware of? Do you require any wheelchair spaces? | |

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Thank you for completing this form. Please return it to [schools@vangoghaliveuk.com](mailto:schools@vangoghaliveuk.com)

An invoice will be generated and sent to your nominated finance email within 7 days