



# School Booking Form

Information collected on this form is to be used for the purpose of booking a school visit to Cambridge Museum. For Information about the Museum and Historical Society's Privacy Policy, please visit <https://cambridgemuseum.org.nz/privacy>.

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School/ Organisation	_____	Contact Person	_____
Postal Address	_____	Phone	_____
		Email	_____
Staff/ Support Staff	_____	Date & Time of Visit	_____

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Year Group	Number of students
TOTAL	

**How will you be travelling?**

Walking                  Bus                  Parent Car                  Other

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Curriculum Focus:

### Learning Intentions

### Special Needs or Requirements

What pre/post visit work do you have planned as part of your unit?

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By signing this document, you agree to the following conditions:

- Unless stated in writing to the Education Facilitator, Cambridge Museum is entitled to photograph the programme and use the images for marketing and promotional purposes in both writing and digital formats. Students' names will not be recorded or used in association with the images.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_