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**Booking Request Information Sheet
Thank you for your interest in** **our learning services. Please complete this form and return it to the above e-mail address to indicate your interest in making a visit. We will then check the dates and availability and once everything has been arranged we will send you a booking confirmation.**

|  |  |
| --- | --- |
| Today’s initial enquiry was made on what date? |  |
| School name and address |  |
| Borough |  |
| Your contact e-mail andtelephone |  |
| Leader on the day and tel. contact if different to above  |  |
| Type of led workshop/s requested  |  |
| Preferred date of visit  |  |
| Alternative date/s of visit |  |
| Numbers expected overall | Children = Adults =  |
| Year group  |  |
| Any people attending with special needs Eg wheelchair users, allergies etc |  |
| Do you want to book the lunchroom?  |  |
| Any specific requests to alter the start/end times of visit  |  |
| Your aim/outcomes/priority/topic the visit links to |  |
| If first time how did you hear of us and what made you decide to do a group visit? |  |
| What e-mail should we send an invoice to? |  |

   