



AGE OF FISHES MUSEUM

## Group Booking Form 2014/15 (10 or more PAX)

If accepting a booking by phone or forwarding a booking please fill in all details.

Group Name \_\_\_\_\_

Contact Address \_\_\_\_\_

Phone \_\_\_\_\_

Contact Person \_\_\_\_\_

Email Address \_\_\_\_\_

Staff member taking booking & Date taken \_\_\_\_\_

### BOOKING DETAILS

Requested visit date - .....

Requested visit time - ..... am/pm

#### RATE

#### Number in Group

Group rate \$8.00-----

Year 7 – 12 \$8.00-----

K – Year 6 \$5.00-----

#### Additional Items required;

Morning or afternoon tea @ \$6 p/h Yes  No  .....

Lunch from \$12 – please enquire Yes  No  .....

BBQ & picnic facilities Free Of Charge Yes  No  .....

Other activities – please enquire Yes  No  .....

**Please note that catering costs booked MUST be paid for unless cancelled or altered 48 hours in advance.**

Total Cost.....

Preferred payment option (please circle) .....invoice / pay during visit

Signed .....

Please print name .....

Date .....

### OFFICE USE ONLY

Booking confirmed \_\_\_\_\_

Invoice Method \_\_\_\_\_

Date Invoice Sent \_\_\_\_\_

Method of Payment \_\_\_\_\_

Date Payment Received \_\_\_\_\_

**Fax, Phone, Email or Post booking form**  
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