***Booking Form***

Workshop title:………………………………………………………………………………

Preferred date:………………………………………………………………………………

Preferred time:………………………………………………………………………………

School name:……………………………………………………………………………….

School address:…………………………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………..

School postcode:…………………………………………………………………………..

Year group:…………………………………………………………………………………

Number of pupils:…………………………………………………………………………

Number of other adults:………………………………………………………………….

Teacher’s name:……………………………………………………………………………

Teacher’s email:……………………………………………………………………………

Additional needs:………………………………………………………………………….

Please supply the above information via email to:

**alison.moore@folkestone-tc.gov.uk**

or post to **Folkestone Museum, 1-2 Guildhall Street, Folkestone CT20 1DY**