



*School Workshop Programme*

***Booking Form***

**Workshop title:**.....

**Preferred date:**.....

**Preferred time:**.....

**School name:**.....

**School address:**.....

.....

.....

**School postcode:**.....

**Teacher's name:**.....

**Teacher's email:**.....

**Year group:**.....

**Number of pupils:**.....

**Number of other adults:**.....

**Additional needs:**.....

Please supply the above information via email to:

[alison.moore@folkestone-tc.gov.uk](mailto:alison.moore@folkestone-tc.gov.uk)

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