|  |  |  |  |
| --- | --- | --- | --- |
| **Name of School** |  | | |
| **Name of Person in Charge of your Group** |  | | |
| **Address** |  | | |
| **Phone Number** |  | | |
| **Email Address** |  | | |
| **Date of your Visit** | KS2 11th March | KS3 14th March | KS2 15th March |
| **The event will run between 10:00 and 14:30. Are you able to attend for the full duration?** | Yes  No | | |
| **If No, please state your arrival and departure time** |  | | |
|  |  | | |
| **Number of Students** |  | | |
| **Age range of Students** |  | | |
| **Number of Staff** |  | | |
| **Contact at your school on the day of your visit** |  | | |
| **Do any of your students have special educational needs?** |  | | |
| **Would you like to reserve a picnic area for packed lunches?** |  | | |
| **The National Media Museum is a public place and it is a condition of booking that group leaders remain with their group at all times to supervise them. Please confirm that you accept this requirement:** | Yes, I accept | | |
| **Would you like to join our mailing list?** | Yes  No | | |
|  |  | | |
| **For marketing and promotional purposes the National Media Museum may photograph or film activities during the event. It is the responsibility of the group leader to distribute and collect photo consent forms and provide the National Media Museum with these forms prior to the event. Do you agree to this?** | Yes  No | | |