

BOOKING REQUEST

PO Box 3504, Newmarket, QLD 4051 • Phone: 3552 7111
• email: BOOKINGS@brisbaneurbaneec.eq.edu.au

SCHOOL INFORMATION					
School:				School Code:	
Name of School Principal:					
School Phone:		School Fax:		School Email:	
Teacher Coordinating Visit:			Coordinator's Email:		
Best Contact Time at School:			Department/Subject (Secondary only):		
Year Level:	Program:	<input type="checkbox"/> Full Day	<input type="checkbox"/> Half Day	Program Start Time:	End:

PLEASE USE DIFFERENT BOOKING REQUEST FOR DIFFERENT PROGRAMS

CLASS ONE	
Name of Class Teacher:	
Teacher Email:	
Teacher's Mobile Phone: (for emergency contact only)	
Preferred Term: Date/s:	
Approx. Number of Students:	
Please advise any special needs (particularly mobility, hearing/visual impairment, behavior) of students in the group:	

CLASS TWO	
Name of Class Teacher:	
Teacher Email:	
Teacher's Mobile Phone: (for emergency contact only)	
Preferred Term: Date/s:	
Approx. Number of Students:	
Please advise any special needs (particularly mobility, hearing/visual impairment, behavior) of students in the group:	

CLASS THREE	
Name of Class Teacher:	
Teacher Email:	
Teacher's Mobile Phone: (for emergency contact only)	
Preferred Term: Date/s:	
Approx. Number of Students:	
Please advise any special needs (particularly mobility, hearing/visual impairment, behavior) of students in the group:	

CLASS FOUR	
Name of Class Teacher:	
Teacher Email:	
Teacher's Mobile Phone: (for emergency contact only)	
Preferred Term: Date/s:	
Approx. Number of Students:	
Please advise any special needs (particularly mobility, hearing/visual impairment, behavior) of students in the group:	

Please complete booking request form for your class group/s.

Email the completed form as an attachment to bookings@brisbaneurbaneec.eq.edu.au.

BUEEC OFFICE USE ONLY: Calendar Initial: _____ FMP Initial: _____ Confirm Email Sent Initial: _____ Date: _____