



Tour Booking Form for Waste Education Tour – School/Group

SCHOOL/GROUP NAME: _____

SCHOOL/GROUP ADDRESS: _____

PHONE NUMBER/S: _____

CONTACT NAME: _____

EMAIL ADDRESS: _____

Excursion details:

HALF DAY EXCURSION: Morning (9.00am – 11.30am) Afternoon (12.00pm – 2.30pm)

COMMUNITY GROUP EXCURSION: Time to start _____

INCURSION: Time to start _____

PROPOSED DATE OF VISIT: _____

NUMBER OF STUDENTS: _____ ADULTS: _____

YEAR OF STUDENTS (If School): _____

Other information:

What is the purpose of your group's tour (to ensure we meet your expectations)?

Does anyone in your group have special needs? Yes / No

If yes, to ensure the tour is tailored to your needs please provide some information:

How did you hear about the tour? _____

I have read and understand the information and conditions of the tour.

SIGN: _____

DATE: _____

One form per class/group (for 5 or more, please make contact first). Please return form to:

Email: kelly.levisohn@rockingham.wa.gov.au

Post: City of Rockingham – Waste Services

PO Box 2142

ROCKINGHAM DC WA 6967

Phone: (08) 9528 8550

We will be in contact to confirm your booking. For any inquiries or further information please contact the Projects and Waste Education Officer during office hours.