CLASSICS & ANCIENT HISTORY,
SCHOOL OF HISTORY, PHILOSOPHY, RELIGION & CLASSICS

BOOKING FORM
ANTiquities museum tour
(Please complete this form & bring it with you)

Name of school or group: ____________________________________________
Name of teacher attending tour: _______________________________________
Please tick level of attendees: □ primary □ secondary □ adult

Date of visit to Antiquities Museum: _____________________________
Expected time of arrival: _________________________________________

Does your visit include a workshop, as well as a guided tour?
□ yes □ no

Number of students attending: _____________________________
Cost per student (incl. GST): ____________
Name of museum tour guide: _______________________________________

N.B.: a tax invoice will be posted to you after the completion of
your visit