OUTREACH BOOKING FORM

School Name: ________________________________________________________________

School Address: __________________________________________________________________

City: __________________ State: _______________ Postcode: __________

Teachers First Name: ______________________ Surname: ___________________________

Teachers Contact Phone: ________________________ Mobile: _______________________

Email: ________________________________________________________________________

* Please note we use email as our primary contact method.

BioLAB Program Name/s: ______________________________________________________

Preferred dates 1: ______________________________ 2: ______________________________

Session Times 1:__________________________________ 2:___________________________

Subject Area:___________________________________________ Year Level: ____________

No. of classes: ________________ No. Students: _____________ No. Staff _______________

(include Aides/Parents)

Host School Allocated Area: ____________________________________________________

(eg: hall, multi-purpose room)

Students with Medical or Disabilities:____________________________________________

(eg: asthma, heart or lung conditions etc)

WHAT’S NEXT?...

Email this form to: admin@biolab.vic.edu.au OR Fax to (03) 4245 4121
We will contact you as soon as possible to confirm if your requested dates are available.
If you would like to discuss the booking further with one of our education staff
please contact us on (03) 4245 4100 between school hours Monday - Friday.