**GROUP VISIT / WORKSHOP
BOOKING FORM**Please complete and return this form to
groupbookings@newlynartgallery.co.uk

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| **School / College Name****Address** |
| **Phone Number** | **Email** |
| **Contact mobile number on day of visit**  |
| **DETAILS OF VISIT** |
| **Date of visit** |
| **Time of visit and duration** |
| **Which venue will you be visiting** *(please highlight)***Newlyn Art Gallery The Exchange** |
| **Year Group / age range** |
| **Number of students in group** | **Number of staff with group** |
| **Please indicate any special requirements** |
| **Any other information** |
| **Which exhibitions do you wish to see** *(please specify)* |
| **Nature of visit** *(please tick)***Self-directed Introduction to exhibition Artist-led workshop** |
| **Please note any curriculum / project links** |