

**(To be completed by a member of Victoria Baths staff)**

|  |  |
| --- | --- |
| Agreed Fee |  |
| Payment Status |  |
| Visitor Numbers |  |

**Confirmed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| **Name of Organiser** |  |
| **Name of School or College** |  |
| **Year Group and Subject** |  |
| **Date of Visit** | **(Please find a date between Tues-Thurs)** |
| **Time of visit** |  |
| **Address of School / College** | **Postcode** |
| **Phone** |  |
| **Email** |  |
| **We can provide a tour of the building, tailored to the age and interest of your group.** | **Tour Yes / No** |
| **Total expected numbers** | **Students: Staff:** |
| **Cost** | * **£4 per student, teachers and support staff come for free.** * **Minimum spend of £100.** * **This cost is for up to 4 hours at Victoria Baths** |
| **Payment proposed / agreed** |  |
| **Payment arrangements – please let us know if you would like an invoice** | **Invoice to:** |
| **Please give details of any other requirements** |  |
| **Do you give Victoria Baths permission to retain your information for marketing purposes?** |  |
| **Signature** |  |