Australian Academy of Gymnastics

School Booking Form

School Name: _____

School Contact Person: _____ Contacts Phone Number: _____

Email Address: _____ School Phone Number: _____

School Address: _____

School Term: _____ Number of sessions school requires: _____ Number of weeks program will run: _____

Total students participating over the full course of the program _____ Agreed cost per student: __$_____ _____

Date of program commencement: _____ / _____/ _____ Date of program conclusion: _____ / _____/ _____

NB: All information provided on this form for AAG booking purposes remains confidential and will not be disclosed to or used for any other purposes.

Session 1 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

Session 2 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

Session 3 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

Session 4 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

Session 5 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

Session 6 Details:

Day: _____

Time: _____

Year Group/s: _____

Number of Students: _____

Number of school teachers assisting: ____

Other: _____

By signing this form you are confirming that all details completed on this form are true and correct.

_____ *Signature of Person Completing this Form*

_____ *School Organisers Full Name*

___ / ___ / ___ *Date*

How did your school find out about us? *Please Tick / Specify*

☐ Local Paper Advertising ☐ Email ☐ School Mail-out ☐ Other; please specify;

☐ Letterbox Drop ☐ Internet / Web/Social Media ☐ Friend _____

Australian Academy of Gymnastics

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