

PRIMARY SCHOOL BOOKING FORM

Name of School: _____

Name of Contact Teacher: _____

Address: _____

Telephone no: _____

Email address: _____

**YES I am interested in having the RSPCA to our school but I am unsure when.
Please contact me in the month of**

**Yes I am interested in having the RSPCA to our school. I would like to tentatively book
the following lessons:**

Kindy (ES1)

Year 1 / 2 (S1)

Year 3 / 4 (S2)

Year 5 / 6 (S3)

On the following date: _____

Other possible dates are: _____

Number of students: _____

**Please return this form to the address below or fax to (02) 8666 0175.
Thank you.**