



JARRAHDALÉ HERITAGE SOCIETY

OLD POST OFFICE

Group Tour Booking Form

Group/Organisation: _____

Contact Name: _____

Mailing Address: _____

Date of Visit: _____

Number of students/persons: _____

Arrival Time: _____

Departure Time: _____

Contact Details:

Email address: _____

Phone: _____ Mobile: _____ Fax: _____

For School Groups Only:

Student Ages: _____

Themes/topics to be covered: _____

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Museum Use Only

Date Checked

Entered in Diary

Confirmation Sent