

ANIMALS ROCK BOOKING FORM 2010/2011



Email: bookings@animalsrock.com **Post:** PO Box 344, Billinudgel NSW 2483
Please do not send payment with this form. A tax invoice will be sent to your school.

School name _____

Address _____

Telephone _____ **Fax** _____

Contact Teacher _____ **Position** _____

Email _____

This email address is used to contact you regarding your school's booking. To also receive Animals Rock Tour Dates and New CD release Information please tick here _____

No. of Students enrolled at the school: _____

Concert Venue _____

(e.g. Performing Arts Hall, School Chapel, Classroom, Outside Assembly, etc)

Days/times of commitments that would prevent a concert taking place

(e.g. Sport Thurs 2pm)

Preferred weekdays and times, e.g. Tues 12pm – 3pm

NB: Animals Rock endeavour to schedule concerts at preferred times, however this is not always possible

Our school is (Please tick one):

- ___ A Government School
- ___ A Catholic Systemic School
- ___ An Independent School
- ___ A Day Care Centre
- ___ A Pre-School
- ___ A Child-Care Centre
- ___ Other _____

School times:

	School Day	Recess AM	Lunch	Recess PM
Start				
Finish				

Small Schools - We will be sharing a concert with the following school/s: _____

Our school is the HOST/GUEST school (Please circle)

OR

Our School population is less than 30 students and we will be inviting other children and families to attend _____

We would like to purchase extra CDs for Classrooms or the Library

_____ x Farm Animals CD @ \$22.00 (inc GST) each

Principal's name _____

Principal's signature _____ **Date** _____

I certify I have read the booking information and accept the Terms and Conditions.

The Principal acknowledges that He/She has read and agrees to the Animals Rock Terms and Conditions by signing the Booking Form. Please read the Booking Terms and Conditions provided.



making little feet dance