



TWO PRODUCTIONS

EDUCATION 2017

BOOKING REQUEST FORM

SCHOOL DETAILS:

SCHOOL NAME: _____

POSTAL ADDRESS: _____

SUBURB: _____ POSTCODE: _____

BOOKING TEACHER DETAILS:

NAME: _____

DEPARTMENT / POSITION: _____

PHONE: _____ MOB: _____

EMAIL: _____

ACCESS AND SPECIAL REQUIREMENTS:

WHEELCHAIR/ HEARING IMPAIRED/ VISUALLY IMPAIRED/ OTHER (CIRCLE ONE)

MORE INFO: _____

BOOKING:

DATE REQUESTED: _____

TIME REQUESTED: 9.30.am/ 11.00am / 1.30pm (CIRCLE ONE)

TOTAL NUMBER OF STUDENTS (Max 32 per session): _____

SEND INVOICE TO:

NAME: _____ EMAIL: _____

YOUR SIGNATURE:

SIGNATURE

PRINT NAME

SCHOOL NAME

DATE



SEND IN YOUR FORM

EMAIL:

holly@twoproductions.co.nz

MAIL:

**51 Mayfield Avenue, St Albans,
Christchurch, 8013. Email preferred.**

25%DEPOSIT

TWO PRODUCTIONS WILL INVOICE FOR THE DEPOSIT AFTER WE HAVE CONFIRMED YOUR REQUEST/S.

- A 25% non-refundable deposit is to be paid within 14 days of the booking being confirmed by Two Productions.
- Changes to student numbers **MUST BE IN WRITING** and no later than 2 weeks prior to the workshop.
- Final payment is due 2 school weeks prior to the workshop.
- Any changes to student numbers after this time are at the discretion of Two Productions and subject to availability.
- The booking is made on behalf of the school and the school accepts liability to make payments on the due dates.
- Two Productions retains the right to change or amend the terms and conditions at any time.

PLEASE NOTE ALL SCHOOL BOOKINGS MADE WITHIN 6 SCHOOL WEEKS OF A WORKSHOP DATE MUST BE PAID IN FULL WITHIN 1 WEEK OF CONFIRMATION AND ARE FINAL. THERE ARE NO REFUNDS OR CHANGES TO NUMBERS OR DATES ON THESE BOOKINGS.

