**GROUP VISIT / WORKSHOP   
BOOKING FORM**Please complete and return this form to   
[groupbookings@newlynartgallery.co.uk](mailto:groupbookings@newlynartgallery.co.uk)

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| **School / College Name**  **Address** | | |
| **Phone Number** | **Email** | |
| **Contact mobile number on day of visit** | | |
| **DETAILS OF VISIT** | | |
| **Date of visit** | | |
| **Time of visit and duration** | | |
| **Which venue will you be visiting** *(please highlight)* **Newlyn Art Gallery The Exchange** | | |
| **Year Group / age range** | | |
| **Number of students in group** | | **Number of staff with group** |
| **Please indicate any special requirements** | | |
| **Any other information** | | |
| **Which exhibitions do you wish to see** *(please specify)* | | |
| **Nature of visit** *(please tick)*  **Self-directed Introduction to exhibition Artist-led workshop** | | |
| **Please note any curriculum / project links** | | |