



AGE OF FISHES MUSEUM

Group Booking Form 2024/5 (10 or more PAX)

Group Name _____

Contact Address _____

Phone _____

Contact Person _____

Email Address _____

Staff member taking booking & Date taken _____

BOOKING DETAILS

Requested visit date -

Requested visit time - am/pm

RATE

Number in Group

Group rate \$8.50 -----

Year 7 – 12 \$8.00-----

K – Year 6 \$5.00-----

Additional Items required;

BBQ & picnic facilities Free Of Charge Yes No

Total Cost.....

Preferred payment option (please circle)invoice / pay during visit

Signed

Please print name

Date

Phone, email or post booking form
Phone 02 63441008
fish@cabonne.nsw.gov.au
PO Box 216 Canowindra NSW 2804
www.agefishes.com

OFFICE USE ONLY
Booking confirmed _____
Invoice Method _____
Date Invoice Sent _____
Method of Payment _____
Date Payment Received _____