SCHOOL CONTACT DETAILS

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| --- | --- | --- |
| Order Date:  **Schools Workshop Enquiry** |  | |
| **School:** | |
| **School Address:** | |
| **Contact Name:** | Email:  Tel: Job Role: |
| **Artist’s contact on day:** | Email:  Tel: Job Role: |

BILLING

|  |  |  |
| --- | --- | --- |
| **Finance Contact:** | Email:  Tel: | |
| **Purchase Order System?** | Yes/No | If yes, PO number: |

CLASS/WORKSHOP INFO

|  |  |  |  |
| --- | --- | --- | --- |
| **School Year:** |  | **No. of classes working with artist (total):** |  |
| **No. of workshop days:** |  | **Number of students in total:** |  |
| **Does the school have a proposed theme/ done preparatory work prior to the workshop?** | | Yes/No  Notes: | |
| **Preferred date/s of workshop:** | |  | |
| **Time that artist will arrive to set up:** | |  | |
| **Timings of workshops:** | | am: | pm: |
| **Are there any SEN students taking part?** | | Yes/No | |
| **If yes to the above, does this need to be considered regarding the workshop format?** | |  | |
| What materials will the artist bring?\* | |  | |
| The school will provide:\* | |  | |
| Confirmed price (including materials)\* | | £ | |

\*Fill in after workshop chosen

**Additional Instructions or Comments**