SCHOOL CONTACT DETAILS

|  |  |
| --- | --- |
| 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/NoNotes: |
| **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**