Please send your completed form to [booking@theatreroyal.org](mailto:booking@theatreroyal.org). If you have any questions please don’t hesitate to call on 01284 769505 and ask to speak to the Education Department.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of the School |  | | | | |
| Address: | | | | | |
| Name of School contact |  | | | | |
| Contact email |  | | | | |
| Contact telephone |  | | | | |
|  | | | | | |
| Visiting Show | | | | | |
| The name of the show you would like in order of preference | | | | | |
| **Option 1** | **Option 2** | | **Option 3** | | |
| Preferred date & time of the performance in your school | | | | | |
| **Option 1**  Date:  Time: | **Option 2**  Date:  Time: | | **Option 3**  Date:  Time: | | |
| Audience Key Stage  *(Please tick)* | **R** | **KS1** | **KS2** | | **KS3** |
| Maximum audience number you would like to watch the show  (students, staff & parents) | | | |  | |
| Any access or space restrictions the performing company should know about? | | | | | |
|  | | | | | |
| **Enrichment Workshop** | | | | | |
| Preferred date and time of the workshop as close to the show in your school as possible | | | | | |
| Post-show workshop (2 hours in length) | | | | | |
| **Option 1**  Date:  Time: | **Option 2**  Date:  Time: | | **Option 3**  Date:  Time: | | |
|  | | | | | |
| Total fee for performance(s) and workshop(s) | £150.00 per show with accompanying workshop | | | | |
| Name & address to whom the invoice should be sent. | | | | | |