**Group Booking Form**

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| **Your**  **Group** |
| Group  name |  | |
| Group  organiser |  | |
| Contact  address |  | |
| Telephone  Number |  | **Mobile No:** |
| Email address |  | |

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| **Your Visit** |
| Date & Time |  | | | |
| No. of BPT members |  | | | |
| No. of paying visitors |  | | | |
| Payment by | **Card** | **BACS** | **Cheque** | **Cash** |

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| **Our Itinerary** | **Requested time** |
| Arrival |  |
| Museum visit | With introduction    Self-guided entry |
| Refreshments |  |
| Depart |  |

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| **Further details** |
| Do any of your group have specific needs  (e.g. access or dietary?) | |
|  | |
| Where did you hear about Museum of Bath Architecture? | |
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| Are you visiting anywhere else on the same day? | |
| AM: | PM: |

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| **Any questions or comments?** |
|  | |

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| **For office use only** |
| Curator intro | Confirmed: |  |
| Refreshments | Confirmed: |  |
| Notes (include final payment due by invoice) | | |

**Please return to: tbeale@bptrust.org.uk**