**Group Booking Form**

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| **Your****Group** |
| Groupname |  |
| Grouporganiser |  |
| Contactaddress |  |
| TelephoneNumber |  | **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** |

|  |  |
| --- | --- |
| **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? |
|  |
| 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**