



FAMILY SESSION BOOKING FORM YEAR 1-6

To book a program, please complete and return of this form.

One month prior to the date of your program, you will receive a Confirmation Package, which includes advertising material.

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

PHONE: _____ Fax: _____

SCHOOL EMAIL: _____

NAME OF CONTACT PERSON/ORGANIZER: _____

PHONE: _____ POSITION: _____

VENUE OF SESSIONS (If not held at school): _____

ENROLMENT:

Year 1-2 _____ Year 3-4 _____ Year 5-6 _____

PREFERRED DATE

____/____/____

YEAR 1 AND 2 BODY BASICS

5.45 – 6.45pm

YEAR 3 AND 4 WHERE DID I COME FROM?

7.00 – 8.00pm

YEAR 5 AND 6 PUBERTY CLUES

8.15 – 9.15pm

Return to:

bookings@familylifevictoria.org.au

PO Box 583 Camberwell, VIC 3124

Tel: (03) 9813 2377 Fax: (03) 9813 2355

www.familylifevictoria.org.au