



PRIMARY SCHOOL BOOKING FORM YEAR PREP - 6

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

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

PHONE: _____ Fax: _____

SCHOOL EMAIL: _____

NAME OF CONTACT PERSON/ORGANIZER: _____

PHONE: _____ POSITION: _____

We would like to book a program for: **Year**
Year Level/s
Number of classes

Our preferred DATE for the commencement of a program is _____

We would like to find out more about:-

- Parent Information Session
- Elective Topics
- Puberty Clues - Teacher Resource Kit
- Teacher In-service
- Parent Workshop
- Membership
- Resource Books
- Other services

A staff member will phone the contact person to discuss the program details requested by your school.

Return to:
bookings@familylifevictoria.org.au
PO Box 583 Camberwell, VIC 3124
Tel: (03) 9813 2377 Fax: (03) 9813 2355