



# SPEAKER BOOKING FORM YEAR 7-12

**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: \_\_\_\_\_

**ENROLMENT:**

Year 7 \_\_\_\_\_ Year 8 \_\_\_\_\_ Year 9 \_\_\_\_\_

Year 10 \_\_\_\_\_ Year 11 \_\_\_\_\_ Year 12 \_\_\_\_\_

Number of Female Students for packs \_\_\_\_\_

Year Level/s	No. Of Groups	Tentative Dates	Times

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

- We would like to find out more about:-
- In school programs
  - Puberty Clues - Teacher Resource Kit
  - Professional Development
  - Parent Workshop
  - Resource Books
  - Other services

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