



**SCHOOL REGISTRATION FORM
SOUTHAMPTON BOAT SHOW
Monday 18 – Friday 22 September 2017**

Title:..... Forename*:.....Surname*:.....

Job Title*:.....

School Name*:.....

Address*:.....

Town*:..... County*:..... Postcode*:.....

School tel. number*:..... Fax:..... Mobile number:.....

Email*:.....

(please provide email address to receive updates regarding your visit from Show Organisers)

Number of Students Aged 15 and under*:.....

Number of Students Aged 16 and over:..... *(this is limited per school)*

These tickets are limited on a per school basis and subject to approval by the Organisers

Total Number of Staff and Accompanying Adults*:.....

What day(s) will you be attending the Show*? *(tick as applicable)*

Mon 18 Tues 19 Weds 20 Thurs 21 Fri 22 Other.....

Expected Arrival Time*:.....

If you would like to visit the Show prior to your school visit please complete this section:

- a) Will you be attending the Venue to carry out a site visit? Yes No
- b) Which day would you like to attend? *(tick as applicable)*
Thurs 14 Other:.....
- c) Please specify time of visit (approx):.....
- d) No. of teachers attending:..... *(this is limited to two per school)*

Are there any special requirements for your school's visit? *(this does not include parking)*

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Curriculum link: How will you link your visit to your schemes of work for e.g. science, history?

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Signature:

Date:

Requests are on a first come first served basis and are limited. Please fax your form to 01784 439678 or email schools@southamptonboatshow.com. For further enquiries call 01784 223647.