** SCHOOL BOOKING FORM**

**Please complete in full**

**Name of School:**   **would like to book tickets to:**

|  |  |
| --- | --- |
| **Name of show/activity/tour**e.g. Christmas show; Gallery in a Box; creative workshop; art tour |  |
| **Date & Time of Preferred Visit**(if applicable) |  |  |
|  |  |
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|  |  |
|  |  |
| **Number of Students** |  |
| **Number of Teachers or Accompanying Adults** |  |
| **Any Access Requirements** (wheelchair users, children with mobility issues, hearing or visual impairments, learning difficulties) |  |

**Contact Details:**

|  |  |
| --- | --- |
| Teacher - full name & job title |  |
| Teacher Email Address |  |
| Teacher Subject Area |  |
| School Address |  |
| School Postcode |  |
| School Phone Number |  |
| School Principal  |  |
| School Arts coordinator English/ DramaVisual Arts |  |

Please return the completed form to the MAC via email to **tickets@themaclive.com** .

**PLEASE NOTE:**

* **Tickets will be allocated on a first come first served basis.**
* **15% Deposit is required to secure your order and full payment is required in advance of the show date.**
* **Tickets are non-refundable.**