

School Excursion Application Form



CONTACT DETA	AILS			Regional Botania
School Name:				
School Address	s:			
Teacher/Conta	act Name:			
Phone:	Emai	l:		
Contact number	er while on excursion:			
EXCURSION DE	TAILS			
Proposed Date	e:/			
Proposed Time	e/s: from am / pm To	am / pm		
Anticipated No	o. of attendees: Students	Teachers		
Year Level:				
Location:	☐ Tropical Sun Lawn ☐ Torres Strait Islander Precinct ☐ Aust. South Sea Islander Precinct		rround	S
Excursion Ove	rview / Curriculum area:			
The below acti undertake any After booking, assist with you Gardens can b	cation is to be submitted a minimum of	otanic Gardens Curator. Please indic in will be forwarded for consideration g	ate if yn. vided u	ou plan to upon request to ties in the
PRIVACY DISCLAIME authorised Council en	R: Mackay Regional Council is collecting your information mployees and may be given to State Government Deparative given us permission, or we are required by law. For all enquiries, please con on 4952 7300 between 9am and 4.30	on to process your application form. This information the process of the process	n will be d en to any	only accessed by
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Date Received		Doc. No		