

## Booking Form

Please complete the following with as much information as possible.

Contact Name: \_\_\_\_\_

Name of organisation/school: \_\_\_\_\_

Phone no - Daytime: \_\_\_\_\_

Address: Town/City: \_\_\_\_\_

Post code: \_\_\_\_\_

Email: \_\_\_\_\_ Fax no: \_\_\_\_\_

Do you use the hall area for: Lunches Yes  No   
(You may need to rearrange these) Breaks Yes  No   
Assembly Yes  No

What time does your school day: Start? \_\_\_\_\_ Finish? \_\_\_\_\_

What time is assembly? From: \_\_\_\_\_ To: \_\_\_\_\_

What time is break? From: \_\_\_\_\_ To: \_\_\_\_\_

What time is lunch? From: \_\_\_\_\_ To: \_\_\_\_\_

How many performances would you need?  1  2  3

How many will attend performance(s)? Students: \_\_\_\_\_ Teachers: \_\_\_\_\_

Please indicate below if there are any dates that DO NOT suit in the coming weeks.

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**Please return your completed Questionnaire by post, fax or email to:**

**Replay Productions, Old Museum Building, 7 College Square North, BELFAST BT1 6AR**

**Tel: 028 9032 2773 Fax: 028 9032 2724 Email: [info@replaytheatreco.org](mailto:info@replaytheatreco.org)**

**Web: [www.replaytheatreco.org](http://www.replaytheatreco.org)**