

Signed:

Name of School:

Info On The Day!

Thank you for booking at the New Zealand Maritime Museum.

Please complete and bring
ON THE DAY OF YOUR VISIT
Sign and hand to the Educator

lumb	er c	of st	ude	nts	:								
'ear .evel	1	2	3	4	5	6	7	8	9	10	11	12	13
Nos students													
)etail	s o	f an	v sn	eci	al n	eed	s or	the	e da	av e.	a. r	noh	ilit
		•	-							_	_		
Detail ssues		•	-							_	_		

(Lead Supervisor)