## SCIENCE WEEK @ ELIZABETH COLLEGE BOOKING SHEET

## Please complete and return via email only to:

stephanie.r.kelleher@education.tas.gov.au

Name of School:	
Class Teacher Name:	
Class Teacher Contact Phone:	
Class Teacher E-mail:	
	Preference # 1 Activity Name: Day: Date: Time Slot:
Activity preference:	
It is in your best interest to include at least 3 preferences.  Activities fill very quickly; it's good to have back-up options.	Preference # 2 Activity Name: Day: Date: Time Slot:
	Preference # 3 Activity Name: Day: Date: Time Slot:
Number of students in class: (please note that each activity is restricted to a maximum of 35 students)	
Year level of students:	