

BOOKING FORM

School Photo Date Commitment

DETAILS

School:

Address:

Suburb: State: Postcode:

School Phone: Fax:

School Email:

CONTACTS

Principal:

Photography Coordinator:

Secretary Registrar Bursar:

School Campus Selected		Enrolled	Classes
Kindy	<input type="radio"/> Onsite <input type="radio"/> Offsite <i>Non Contact Day: Days Attend:</i>		AMx PMx All Day x
Pre Primary	<input type="radio"/> Onsite <input type="radio"/> Offsite <i>Non Contact Day: Days Attend:</i>		AMx PMx All Day x
Primary School	Year Levels:		
High School	Year Levels:		
TOTAL STUDENTS ENROLLED			

BOOKING DETAILS

2010 2011

Preferred Term: 1 2 3 4 **Preferred Day:** M T W T F **Preferred Week:** 1 2 3 4 ?

Special Requirements:

Signed: **Print Name:** **Contact:**

Please complete all sections on this form and fax it back to us @ (08) 9204 4138 to secure your booking!

(fotoworks Office Use Only) Date Allocated: