**SCHOOLS BOOKING FORM**

 **School details**

|  |  |
| --- | --- |
| **School name** |  |
| **% of pupils in your school** | **SIMD 1-3:** | **BAME or ESL:** |
| **Your name & position** | **Address (incl. postcode and Local Authority)** |
| **Phone number** *(to contact you about your booking)* |  |
| **Your email** (in CAPITALS) |  |
| **School’s finance person** *(if we need to contact re invoicing/payment)* | **Name:****Email/phone:** |
| **Accessibility** *Please specify if anyone in the group has accessibility requirements, incl. number of wheelchair user spaces required:* |

 **Show Selection**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **School level(s)** | **No of Children** | **No of Adults** | **Dates & times you CANNOT attend (eg. 29 May am)** |  | **Select 3 shows in order of preference** |
|  |  |  |  |  | 1 |  |
|  | 2 |  |
| **Mobile no. for group on the day:** |  |  | 3 |  |
|  |  |  |  |  |
| **School level(s)** | **No of Children** | **No of Adults** | **Dates & times you CANNOT attend (eg. 29 May am)** |  | **Select 3 shows in order of preference** |
|  |  |  |  |  | 1 |  |
|  | 2 |  |
| **Mobile no. for group on the day:** |  |  | 3 |  |
|  |  |  |  |  |
| **School level(s)** | **No of Children** | **No of Adults** | **Dates & times you CANNOT attend (eg. 29 May am)** |  | **Select 3 shows in order of preference** |
|  |  |  |  |  | 1 |  |
|  | 2 |  |
| **Mobile no. for group on the day:** |  |  | 3 |  |

* Bookings received by **24 January** will be processed in our first round of ticket allocations. Please specify dates and times you **cannot** attend and provide 2nd and 3rd choices for shows, as this helps us to allocate suitable tickets for you.
* If you need to book for more groups, please use another form or the online form: [**imaginate.org.uk/festival/schools**](http://www.imaginate.org.uk/festival/schools).
* We will contact you if we can’t accommodate your choices, and email you a confirmation once your booking is processed.

**Please return this form to** **schools@imaginate.org.uk** **or to: Imaginate, 30b Grindlay Street, Edinburgh, EH3 9AX.**

**If you have any queries, please contact Julian Almeida on 0131 225 8050 or the email above.**