

## Chapel Gallery Workshop/Tour Booking Form

Name of School/Community Group:
Address:
Contact Name:
Telephone:
Email:
Number in Group:
fear Group/Age:
Title of Exhibition/Workshop:
Date & Time of Visit/Workshop:
hereby give my permission for recordings to be made during the workshop for promotional use only.
Signed: Date:
Please confirm your booking by phone and return the completed form to:
lenni Ashcroft, Outreach & Education Officer Chapel Gallery St. Helen's Road Ormskirk ancashire

**Telephone:** 01695 579863

L39 4QR

**Email:** jenni.ashcroft@westlancsdc.gov.uk **Website:** www.chapelgallery.org.uk

