THE BIRD MAKERS PROJECT

WORKSHOP BOOKING REQUEST FORM

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| | | | |

| NAME | | MPANY/VENUE APPLICABLE) | |
|-------|----|----------------------------|--|
| EMAIL | СО | NTACT NUMBER | |

WORKSHOP DETAILS

| PREFERRED WORKSHOP TYPE | HALF DAY allow 4 hours | | | | |
|-------------------------|--|--------------|--------------|--|--|
| | EXPRESS allow 2.5 hours | | | | |
| | ☐ BIRD-MAKING PARTY allow 2.5 hours | | | | |
| | | | | | |
| PREFERRED DATE(S) | PREFERENCE 1 | PREFERENCE 2 | PREFERENCE 3 | | |
| For series, list start | | | | | |
| date only | | | | | |
| PREFERRED | PREFERENCE 1 | PREFERENCE 2 | PREFERENCE 3 | | |
| START TIME(S) | | | | | |
| DELIVERY FORMAT | ONLINE IN-PERSON | | | | |
| | I HAVE A VENUE (please list address) | | | | |
| VENUE | Co:3 TO HELP SOURCE VENUE | | | | |
| EXPECTED PAX | 5-10 people 10-15 people 15+ people | | | | |
| BOOKINGS | PRIVATE I HAVE A BOOKING SYSTEM AT MY VENUE Co:3 TO ASSIST WITH BOOKINGS | | | | |
| MANAGEMENT | | | | | |



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| ADDITIONAL NOTES Do you have additional sewing machines? Will participants have their own garments? Do you have kitchen facilities? | | | | | |
|--|--|--|--|--|--|
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| | | | | | |
| TER | MS AND CONDITIONS | | | | |
| re fr • T • T • T | rom Co:3 staff. The Host agrees to discuss and implement any equested to create a COVID-safe experience. | prior to the workshop and is subject to approval health and safety measures reasonably itality provided unless otherwise negotiated with | | | |
| l co | nfirm the details above and agree to the ter | ms and conditions: | | | |
| Nan | ne: | | | | |
| Date | e: | | | | |
| Sigr | nature: | | | | |
| | PLEASE RETURN COMPLETED FORM TO | REBECCA COLLINGS rebecca@co3.org.au | | | |
| | CONFIRMED DATE & TIME | | | | |
| | KSAC OR Co:3 VENUE BOOKED | | | | |
| | BOOKING MANAGEMENT DISCUSSED | | | | |

OFFICE USE ONLY



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ADDITIONAL REQUIREMENTS

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City of **Perth**