

School / Group Visits
INITIAL BOOKING FORM

Please provide the following details and suggest 3 alternative dates / times for your visit (in priority order). Return by e-mail: tours.toronto@canada.baps.org or fax: 416-798-4498 Attention: Booking Officer. We will get back to you within 3 days. If for some reason you do not hear from us please contact us again.

To be completed for each School/Group Visit

Contact Name Title/Position

Name of Group/school:
Address: City:
Postal Code:

Telephone No:

Fax Number:

Email:

Total Number in Group: Male: Female:

Please suggest 3 alternative visit Dates / Times, in priority order: (please avoid Mondays)		
No.	Suggested Dates	Time
1		
2		
3		

Type of Group: Grade 1-4 Grade 5-8 Grade 9-12 University/College
 Children/youth group Women Group Seniors Others – **please specify** _____

• How did you hear about us? Through Friends Internet Doors Open
 Repeat Visit From another school or group
 Passing by Others – **please specify** _____

• “Understanding Hindu Dharma Exhibition” visit? Yes (suggested donation fee applicable) No

• Any other requirements / comments: _____

Signature or Initial: _____ Date: _____

• **Note: This booking is not confirmed till you have received official confirmation from our office via fax or email.**

For office use only: [FRM 2011-03]

Confirmed Date: _____ Time: _____

Booking Officer Signature: _____ Date: _____



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