



### BurnSafe Junior Visit Information

Centre Name: .....

Address: ..... Suburb..... Postcode: .....

Contact Person: ..... Phone: .....

Email: .....

PREFERRED SESSION DATES:

Preference	Please indicate preference for dates, day and time (session are 30 minutes)
1	Monday __/__/__ Tuesday __/__/__ Wednesday __/__/__ Thursday __/__/__ Friday __/__/__ Time _____ Time _____ Time _____ Time _____ Time _____
2	Monday __/__/__ Tuesday __/__/__ Wednesday __/__/__ Thursday __/__/__ Friday __/__/__ Time _____ Time _____ Time _____ Time _____ Time _____
3	Monday __/__/__ Tuesday __/__/__ Wednesday __/__/__ Thursday __/__/__ Friday __/__/__ Time _____ Time _____ Time _____ Time _____ Time _____
Your preferred way of communication is by: <input type="checkbox"/> Email <input type="checkbox"/> Phone	

CENTRE DETAILS:

Centre Room Configurations with Ages (for 3-6 year olds)	Number of Children Booked in for On Day Requested