



SKYTOWER

**TERTIARY/INTERNATIONAL
SKY TOWER EDUCATION
BOOKING FORM**



To: Sky Tower Educator, Sky Tower Auckland
Fax: +64 9 363 6378

From: _____
School: _____

VISIT DETAILS

Contact Name _____ School Phone _____
After Hours Phone _____ School Fax _____
Postal Address _____
email _____

Today's date: _____
Intended date of visit: _____
Time: _____
2nd date choice: _____

Please note your booking is not confirmed until you have received a BOOKING CONFIRMATION.
For any queries please contact the Sky Tower Educator prior to your visit.

COST - please specify ages of students where appropriate

Number of Students (14yrs & under) _____ @ \$8.00each \$ _____
Number of Students (15yrs +) _____ @ \$12.75each \$ _____
Number of Leaders/Adults _____ @ \$15.00each \$ _____
(1 free per 15 students)
Bus Drivers (Free of Charge) _____
Sky Deck _____ @ \$3.00each \$ _____
School Lunches _____ @ \$7.00each \$ _____

GRAND TOTAL \$ _____

Payment may be made by cash, credit card or cheque at the time of arrival
Cheques should be made out to **SKYCITY Ltd.**
Groups must be 15 students or more to qualify for discounted rates otherwise standard rates apply-
\$15 for students 15+; \$8 for students 14 & under; \$25 for leaders & adults.

Any Special Requirements please let us know here _____

