Sandwich Guildhall Museum and Archives

Thank you for requesting to book a group trip to the Museum. For us to confirm this booking please fill in the form below and return it to museum@sandwichtowncouncil.gov.uk

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| --- | --- |
| Name of school or group |  |
| Organisers name |  |
| Date of Visit |  |
| Times of visit |  |
| Contact details (email and phone) |  |
| Year and age of group |  |
| Number of members in the group |  |
| Number of accompanying adults (if relevant) |  |
| Any special needs or requirements? |  |
| What is the purpose of the visit? Are there any specific subjects you are particularly interested in?We don’t currently have any set sessions, however if you are interested in having a workshop or tour, we will do our best to accommodate this.  |  |