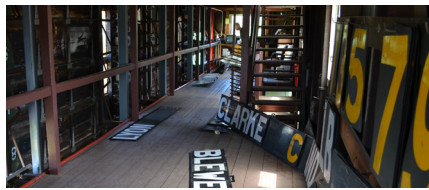


# Adelaide Oval TOURS & MUSEUMS BOOKING FORM



Date of request: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Have you or the group been before?  Yes  No

Date of visit: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ Number of people: \_\_\_\_\_ Preferred time: \_\_\_\_\_ am/pm

Contact name: \_\_\_\_\_

Group/organisation name: \_\_\_\_\_

Postal address: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Email: \_\_\_\_\_

Additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## OFFICE USE ONLY

Date received: \_\_\_\_ | \_\_\_\_ | \_\_\_\_ By (initial): \_\_\_\_\_

Time confirmed: \_\_\_\_\_ am/pm

Guide/s allocated: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Invoice issued: \_\_\_\_ | \_\_\_\_ | \_\_\_\_

### Post to

Adelaide Oval Tours & Museums  
PO Box 900  
North Adelaide SA 5006

### Email

Send your completed form to  
[enquiries@adelaideoval.com.au](mailto:enquiries@adelaideoval.com.au)