

Learning Journeys @ HealthZone Booking Form (Primary)

Hand-in-Hand, Hygiene & Health

CONTACT DETAILS

SCHOOL : _____

ADDRESS : _____

CONTACT PERSON : Mr/Ms/Mrs/Mdm _____

TEL NO. : _____ (Office) _____ (HP) FAX: _____

EMAIL : _____

* Confirmation of visit will be sent via email. Booking is confirmed ONLY upon receipt of written confirmation from HealthZone.

BOOKING REQUEST

Proposed Date of Visit : Mon/Tue/Wed/Thu/Fri/Sat** (1) __/__/__ (dd/mm/yy)

Alternative Dates (2) __/__/__ (dd/mm/yy)

(If the above date is unavailable): (3) __/__/__ (dd/mm/yy)

Time of Visit : _____ AM/PM***

** Booking must be made at least 2 weeks before the proposed date of visit.

*** Opening Hours: Mon: 1pm – 5pm & Tue-Sat 9am – 5pm. Closed on Sundays & Public Holidays

Category	No. of classes	Level	Pax	Admission Rate	Amount Payable
Student ¹				\$2.00	\$
Adult ²				\$2.50	\$
¹ A minimum of 30 students required ² Free admission to HealthZone for 1 adult with every 20 students				Total	\$

PAYMENT MODE

Please select one

- Cash Crossed cheque (payable to "Health Promotion Board")
 IBG (Bank Account No.: 001-900106-4 | Account Name: Health Promotion Board)

