



**wheelienet**

Talking to schools and the community

**WHEELIENET BOOKING REQUEST FORM**

**CONTACT DETAILS**

Name of Organisation / School: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Position: \_\_\_\_\_

Phone No - Business hrs: \_\_\_\_\_ Phone No - After hrs: \_\_\_\_\_

Mobile no: \_\_\_\_\_ Fax no: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address of Organisation / School: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

**WHEELIENET PRESENTATION DETAILS**

Date/s and Time/s of Visit/s:

Date	Day	Time From	Time To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

WHEELIENET PRESENTATION DETAILS continued...

Type of Visit requested (variations are acceptable) - Please tick all that are applicable:

Talk / Discussion

Wheelchair Skills

Wheelchair Sport Specific Sport (e.g. Basketball)

Year level of class (if school group): \_\_\_\_\_

Number expected in attendance:  
(maximum of 30) \_\_\_\_\_

Venue Address (where the Wheelienet session will be held) - if same as address of Organisation / School please write 'as above'.  
\_\_\_\_\_  
\_\_\_\_\_

Where is parking available for Wagon and Trailer? (Provide map if possible).  
\_\_\_\_\_  
\_\_\_\_\_

Where to meet contact person? \_\_\_\_\_  
\_\_\_\_\_

Do you have provisions for the sessions to be held indoors if it is raining or the temperature is over 35°C?  
\_\_\_\_\_  
\_\_\_\_\_

Any additional Information? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please fax completed forms to: 8234 5122 or email: [belinda@drssa.org.au](mailto:belinda@drssa.org.au)